40 Years A Nurse

Thirty Two a V.O.N.

Autobiography

of

Mabel Louise Dubbin

City To Honor "Nurse Dubbin"

During her years as V.O.N. Nurse in the Whitney Pier area Mabel Louise Dubbin assisted during the birth of more than 5,000 babies. Retiring several years ago she is a resident of The Cove. In conjunction with "Action Week" Miss Dubbin will be honored by the City of Sydney when a reception takes place at Holy Redeemer Parish Hall, Wednesday, August 9, at 7 p.m. The public is cordially invited to attend.

x.369

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40 YEARS A NURSE

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Miss Penny Wise
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To each I am indebted for their share in preparing my manuscript.

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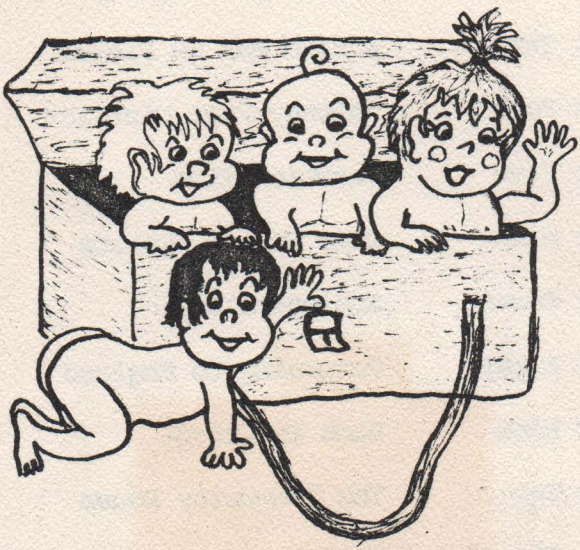

BOOK ONE

THREE YEARS IN A CASTLE

England

1938 Ford Coupe

When I was nineteen I left home to start training as a children's nurse in one of Dr. Barnardos' Homes. I was sent to Babies' Castle in Hawkhurst Kent.

I was to receive one year's free training which would be sufficient for me to take charge of children in homes of the Aristocracy.

This was not what I wanted for I wished to become a school teacher. When I was leaving school at the age of fourteen the governess told me that if I could continue with my studies I would make an excellent one.

But parents needed to be fairly well off to send their children to a Grammar School. I know Mother was keenly disappointed that my father had not the means to do this for me, for her theory was, "All girls should have a profession and not have to depend on marriage as a livelihood. A boy can work to earn money for his advanced education if he has enough ambition, but a girl cannot do that."

In those days there was no way a young girl could earn money except by going out as a domestic servant. But Mother had higher ideals for me than that.

So to give me something interesting to do Mother decided to start a kindergarden school. She was quite capable of doing this for she was a very gifted teacher.

I loved to listen to Grandma Burke as she told about Mother's private school, and the parties she gave, and how the street would be lined with carriages waiting to take her pupils home, and she always added, "Your father knew which side his bread was buttered on when he asked your mother to give him music lessons. That was just an excuse for courting."

Our enterprise was a great success. We had a good sized parlour and dining-room, then when they were filled mother had to refuse pupils for we never knew when an inspector would call to see if the rooms were over-crowded.

I was perfectly satisfied to continue in this way but a remark made by my older brother, before he left home, caused Mother to think differently. For Fred had said, "Unless Mabel has companions of her own age she will be an old woman before she has had a chance to be a young one."

It was true I had no companions. But this was my own fault because, more than once Mother had said, "To have friends you must be friendly." So when Mother heard, through a pupils mother about Dr. Barnardo needing young women for children's training she remembered Fred's words and said, "This will give you that chance." Then unable to continue the school alone, Mother reluctantly gave up teaching.

Babies' Castle

Babies' Castle was a most imposing structure.

There were four nurseries, two on the main floor, and two on the second, each with twenty-two ordinary cots and a swing cot in a recess by the open fire place, around which was a large fire guard. At the other end of the nursery was the charge nurses's bedroom.

There was a small infirmary also on the main floor for crippled children, and any others who needed treatment when admitted.

The Infirmary Charge Nurse was also responsible for the isolation ward which was on the second floor and which, at one time had been used for a babies' ward, but the present resident lady practioner declared the babies made better progress and had less sickness when placed in the different nurseries.

To help with the work each nurse had a probationer nurse and one of the girls being trained in the different branches of housework; and the care of children. When the training was completed each Barnardo girl was allowed to decide which branch of the work she preferred as a means of livelihood.

Matron, a trained nurse, was kind but firm and would not tolerate slackness from any of her staff, therefore cleanliness and order reigned supreme; as nothing escaped the eye of Sister Elliott.

After breakfast the doctor and Matron visited the children together. The older children then attended school, as there was also a resident teacher. In favourable weather the younger ones spent mornings and afternoons on the playground, supervised by a probationer.

All children had a mid-day rest period; and were usually on their cots by six-thirty. After having sung "Jesus Tender Shepherd Hear Me" they awaited the doctor's and matron's visit before getting into bed. The boys saluted them good-night and the little girls curtsied.

One time I was sent to London to fetch children who were to be admitted to Babies' Castle. Before leaving for the Metropolis Sister Elliott had me borrow an out door uniform from one of the other nurses. "Stepney is a very poor section of the city, and a nurse's garb is always a protection, no matter where she may go," Matron explained.

Another time a public demonstration of the work of Dr. Barnardo was taking place in the Albert Hall, Kensington. Sister Elliott explained to another probationer and me that Dr. Barnardo wanted to show to the public younger children and infants. In the arena, there would be represented a day and night nursery, also a playground. For this display he needed as many nurses as could be spared.

We left Hawkhurst early in the morning as there was to be a rehearsal before noon; at which Dr. Barnardo was expected to be present.

I was glad to have met this kindly doctor to who, as a small child, I had given my first sixpence to help provide for his waifs and strays. But I was very sorry to learn of his deafness.

A memorial service was held in St. Paul's Cathedral in November, 1955, on the fiftieth anniversary of the death of Dr. Barnardo. Among the three thousand worshippers was Princess Margaret who is president of Dr. Barnardo's Homes. The Bishop of Croydon preached the sermon, taking as his text the words from Isaiah, Chapter six, verse eight, "I heard the voice of the Lord, saying, 'Whom shall I send, and who will go for us?' Then, said I, 'Here am I; send me.'"

When he died, worn out by hard work, at the age of sixty, Dr. Bernardo had admitted over fifty-nine thousand children to his homes; had emigrated twenty thousand to Canada; had given material assistance to over two hundred and fifty thousand waifs; had opened nearly eighty centres; and had raised three million

two hundred and fifty thousand pounds. "An incredible, a fantastic life's work," said the Bishop.

Perhaps the most useful of all the varied work instituted by Dr. Barnardo is the emigration system, and the fact that in Canada less than two percent of the many thousands of children sent out proved failures, confirmed Dr. Barnardo's conviction that if the children of the slums can be removed from their surroundings early enough, and can be kept sufficiently long under training, heredity counts for little, environment for almost everything.

Dr. Barnardo studied medicine at the London Hospital, and later in Paris and Edinburgh. His ambition was to become a foreign missionary. This thought was abandoned as he viewed with horror the thousands of homeless children who slept nightly on the embankment of the Thames in London, or wherever they could find a place, and he started his life's work - to search for and to receive waifs and strays, to feed, clothe, and educate, and, where possible, to give an industrial training suitable to each child.

The first little Home, opened in 1868, was intended, at first, to shelter about twenty-five boys, and Dr. Barnardo was very sad when he had to turn others away. A little boy, nicknamed "Carrots" orphaned and homeless, came and pleaded for admittance. But there was no more room. Piteously he pleaded, but he could only be promised "the very next vacancy." Two mornings later Carrots was found frozen to death. Dr. Barnardo reproached himself bitterly for that, and declared "Never again." Though often he did not know where the means to clothe and feed his growing family was to come from, Dr. Barnardo sat a large signboard outside the Home, "NO DESTITUTE CHILD EVER REFUSED ADMITTANCE."

Unless a probationer was promoted to Charge Nurse's duties, she would not receive any salary, even if she stayed on after her term was up. Vacancies seldom occured as there were only five Charge Nurses, but it so happened, when my year's training was completed, a vacancy for a Charge Nurse did arise. This did not interest me as there were two others who had finished training ahead of me and were staying on, so it was a great surprise to me when I was called to the

office and offered the position of Charge Night Nurse. The present Night Nurse was taking the day vacancy. I declined, at first, for I did not feel capable, and said so. Matron, in her quick, direct manner, replied;

"Had I thought so, the position would not have been offered you."

To be Charge Nurse at the age of twenty was accepting quite a responsibility, besides forfeiting the natural time for sleep so many months of the year. Every probationer nurse completed two months night duty during the year's training, so I was well acquainted with the various duties. But, I was not one of the bravest. I was really frightened of thunder storms, and of bats that managed to find their way in at the open windows, for we had no screens, and I knew the harm rats could do, (occasionally they were seen inside the building) for the "Pied Piper of Hamlin," learned in standard IV was still fresh in my memory. Was there not a line in that old legend which said "and they bit the babies in their cradles?" However, there must have been some truth in the old story because, in later years, as a district nurse, I was called in to see a baby who had been terribly chewed about the head and face. It was a blessing it died for it would have been so disfigured.

I had also heard stories of how tramps had been known to prowl around the grounds, especially at hop picking time, and look through the windows. However, in spite of fears know, and unknown, I accepted the position. The salary was not large, less than twelve pounds a year, but it meant wealth to me, and I would be independent. Mother had sent me the occasional half crown which was sufficient for all my needs. I was not in the habit of wasting my money on sweets, which I could very well do without. As for clothing, Mother made all my underclothes - trimmed with feather-stitching and a crochet edge.

How different my future would have been if there had been no vacancy, of if my fellow worker had been capable. I might never have gone in for training, or come out to Canada.

Talking with Mother about my having this position

offered me, she said; "I have been praying about your future and I knew that at some time God would make it clear just what you were to do. But, had you been incapable, God could not have helped you." Another thing she said, "always give the very best of your knowledge to anything you undertake to do."

All through my career, this advice was never forgotten. Just once, and only once, I was tempted to overlook a task that was less important, that I could let slide, but the memory of Mother's words stopped me from betraying myself. Never in my hospital training days, or since, did I have to assume such responsibilities as during those two years of Charge Night Duty at Babies' Castle.

When taking over my new position, Matron Asked:

"Who is going to be boss?"

"I hope to be," I replied.

"If you wish to maintain order, the children must know that you are and, also, if you once start to train a child, you must continue until you have succeeded. Never give in to the child."

It was not long before I learned how difficult this could be. Sammy, a child of four, newly admitted, was always wet at two a.m., so I lifted him earlier. No response. On returning about fifteen minutes later, the bed needed changing. Remembering what I had been told, I went on duty one night fully determined to master Sammy's bad habit, even if it required all night to do so, and it almost did. Leaving him sitting on "the throne" in the nursery, and in his cot with a quilt around him - the younger children were never taken to the lavatory at night - I attended other children, then back again to Sammy, aroused him and explained what he had to do. Finally, my patience was rewarded. As I covered him I told him he was a good boy. I never had any more trouble with Sammy.

Children up to three years of age, who were pale and undernourished, received five ounces of warm milk between the hours of three and four a.m. Some took the cup and drank readily; others, two sleepy to arouse, were spoon fed. Perhaps as many as twenty received this early drink.

When Freddy Wright was admitted, he was a most pit-

iable looking object, really a living skeleton. Although eight years old, he weighed only eighteen pounds, which is less than a baby of one year. It was not long, though, before he showed signs of improvement. Nourishment was given every two hours by day, and every three hours at night. This consisted mainly of milk with cream added. At times, Freddy was quite obstinate and refused to take the drink. So I spoon fed him, for the amount ordered had to be finished.

As Freddy was unable to digest cod liver oil, it was massaged into his distended belly. A loose flannel binder was pinned around, which absorbed any surplus oil and also protected clothes and bedding, as it was so difficult to remove the stains. His days were spent out of doors, lying in a spinal carriage, well wrapped up in flannel garments and blankets. After several months, Freddy was running around apparently a healthy boy, rather overweight for his height, but he was quite short for his age.

When I had an infected finger lanced, Freddy sat up in bed to watch the operation. He was quite pleased to notice that the squeezing and probing were causing me considerable pain, and said:

"Serve yer right. Serve yer right."

Freddy never quite forgave me for waking him up and compelling him to drink. He would say in a queer squeaky voice, "Leave me alone," and how I would have liked to have done so!

A little girl, shortly after admission, became ill with diptheria. Antitoxin had to be sent from London, a distance of forty-eight miles. This meant quite a delay. Towards evening, the child became worse, and tracheotmy was performed. As I was assisting the doctor and about to speak, the child coughed, and membrane reached my lips. I was told to wash my mouth and face with a solution of carbolic. Later, after being instructed how to keep the tube clear of membrane, the doctor retired and I had to carry on with no means of communication to summon help.

I had never seen death, for Mother had never permitted me to visit a home where a child had died, and I was frightened I might have to face it alone,

for I realized how critically ill the child was. She lived until morning when I was off duty.

In the grounds, some distance from the Castle, was a large house, at one time the residence of the people who owned the land on which Babies' Castle was built. The upstairs was used for sleeping quarters for some of the staff. The downstairs was one large room, named the "Barracks." This room was used for children ill with infectious diseases. In spite of all precautions, thirty children became ill with diphtheria and were quarantined in the Barracks.

As only a Charge Nurse was allowed to tend the infants, I had to continue those duties and also visit the children in isolation, giving them nourishment, and swabbing each child's throat, which is not an easy task at any time, especially alone. Swabbing the throat was the treatment given at the very beginning of any sickness.

Matron had suggested that I be given the serum but the doctor did not think it necessary. Evidently she surmised I was "immune" to the germ. I wore a gown when attending the children and disinfected my hands later in a solution of carbolic acid.

Since the children were recovering and no new cases had developed, Doctor Sergeant left on her holidays, and another lady practitioner, Dr. Berthe Graham, arrived.

This doctor condemned what I was doing. She gave me an inoculation and also one to the probationer. She and the Matron then decided that the probationer be put in charge of the barracks; and I care for all the other children.

I certainly had a busy time, and was more than thankful when the children and probationer returned to the Castle, and everything was normal once more.

As I went from nursery to nursery my first Christmas morning and saw the older children lying awake patiently waiting for the bell to ring, I marvelled at such co-operation and obedience from children so young. Very few of them were over the age of seven. I rewarded them by ringing the bell half an hour earlier. What a glorious uproar! The children were so happy, and many called out:

"Look nurse, see what Santa Claus has brought me!"

It carried me back to my childhood days, to a Christmas morning when I, too, awakened when it was yet dark. Getting out from under the bedclothes, I reached to the foot of the bed for the stocking I had hung up so expectantly the evening before. To this day I have never forgotten the feeling as I grasped that empty stocking.

"Oh, no. It can't be empty."

I crushed the stocking in my hands.

"Not even an orange."

I got back in bed, covered my head, and shed bitter tears of disappointment and remorse. My tongue had merited me this punishment.

A week or so before Christmas I had hurried home from school because I had some interesting news.

"Mamma. All the children in school say there is no Santa Claus. It is our fathers and mothers who fill the stockings. I know it's true because I asked Winnie, and she said so too."

I am sure Mother felt very sorry for us that Christmas morning as she explained to Charlie and me her reason for disappointing us.

"When children become so wise they think they know as much as their parents, then what had once been a pleasure, ceases."

If I had asked Mother I know she would have explained the meaning of Santa Claus, but she never argued, not even with a child.

During the second summer of night duty, the infants were very ill with cholera infantum and needed constant care. The babies were fed every hour. They were given sibumen water with brandy, raw meat juices, and barley water, in that order. Hot water bottles were kept in the cots and the infants were moved as little as possible. The feeds were given slowly. I was instructed that if the child did not keep the food down, he was to be fed over again. Very ill babies were always spoon fed. "Sucking a bottle is too much exertion for them," the doctor declared.

Hearing the day nurses at the supper table discussing the serious condition of the infants, I asked Doctor Sergeant, when on her midnight round, if any of the babies would die.

"Die? Don't you dare let a baby die."

How could I prevent death? Maybe I was immune from contagious diseases, but I certainly was not "Divine".

All the babies eventually recovered but there was no respite during the twelve hours on duty, giving nourishment, filling hot water bottles, washing soiled napkins, taking temperatures, and disinfecting my hands before attending well children. Orange juice and cod liver oil for infants were unheard of in those early days and the lack of these vitamins may have been the cause of so much sickness during the summer months.

Any child with a termperature 104 degrees, or over, was given a tepid sponge as a matter of routine. This was to be repeated if necessary.

The child was placed between blankets and the body and limbs were sponged with a downward movement from ten to fifteen minutes, commencing with warm water (to prevent shock) and gradually adding cold, keeping the child covered as much as possible, then dabbing with a towel. This treatment, as a rule, decreased the temperature one or two degrees, then after a drink the child usually fell into a restful sleep.

When I recall the illnesses of children with bronchial pneumonia, I marvel now at their recovery. I had not been instructed how to count the pulse or respiration, which perhaps was just as well, for that knowledge could have caused me greater anxiety.

So many times, on her late rounds, Doctor Sergeant would tell me, "Use your own discretion," in regard to treatment and the giving of drugs. Quite casually, she would say, "If you think Beatrice should have a sedative, give it;" then she would name the drug; one which I remember even now, was "Tincture of Camphor Co."

Every morning, sharp at seven o'clock I called Matron; then gave her the night report. Sometimes she seemed so drowsy I wondered if she was taking it in. But she was, for one morning she asked, "Does Doctor leave the sedative ready?"

"No Matron," I said, "I go to the dispensary and take it from the stock bottle, but I am very careful

about reading the label and measuring the drops."

Sister Elliott did not approve of this, and asked, "Do you realize the great responsibility you assume?"

"Yes Matron," I replied, "but don't I have to carry out Doctor's orders?"

Never again did I go to a stock bottle. The sedative was always left in readiness.

The beginning of September, and hop picking time, always brought many families and gypsies into the country, and although I had never seen anyone around the Castle at night, I was very much relieved when the season was over.

Then, one evening, Matron informed me a Woman had called at the door to say her child was in the building. The mother was making a nuisance of herself and seemed to be inclined to stay around. I was told to fasten all the windows on the ground floor (of which there were many) and to bolt all doors. What a night! About three a.m. there was the sound of someone walking along the corridor upstairs. The other nurse and myself were busy giving the children their warm drink. We left them and hurried with our lanterns. All the Castle was in darkness, except for our two lights. We counted the children and hunted everywhere for the woman. All was serene. We then decided a cup of tea might help to restore our shattered nerves. Again, we heard footsteps and the closing of a door. So, again, we picked up our lanterns and fled to the upstairs nurseries. All was quiet and the children sleeping peacefully. There was no peace of mind, though, for us, for the remainder of that night.

The smell of burning was another of my anxieties. I knew that it was probably refuse smouldering for, with so many farms around, this was to be expected. But some nights the smell was much stronger and really worried me. I never read or relaxed in any way while on duty. "Not even to have forty winks?" one might ask. How could I, when I was responsible for the safety of so many sleeping children and grown-ups.

It was "spring cleaning time" and I had offered to help in the girls nursery for a couple of hours before going to bed. Now that I was on night duty

I missed the pleasure of working with others in the nurseries and I liked working for Nurse Finch because she was so very thorough in everything. Well I was up the ladder and had just got nicely started when in walked Matron.

"Come down from there," she ordered. "You have already worked twelve hours. Go for a walk, or go to bed."

"But Matron, I am not tired."

"No, perhaps not, but the day will come when you will be more than tired."

How right she was. On several occasions, when utterly exhausted, and yet forced to keep going, I remembered those words spoken by Sister Elliott.

When I gave four-hourly medicines, I did not put the bottle back in the cupboard each time, but left it on a clean cloth on the window sill near by, until I had given the six o'clock dose. The children were not allowed out of bed before the bell was rung at that time. I rang this to call the maids.

One morning, on going into the girls' nursery to give the six o'clock medicine, I was greeted with, "Florence Croot got out of bed and drank some of the medicine." I awakened Matron. She sent me to Doctor Sergeant who told me to get the child up and keep her active.

On duty that evening Sister Elliott told me of the seriousness of leaving medicines or poisons within a child's reach - even for a second - for in that short space of time, a child might lose its life, or suffer for many months.

When the duties were light and the children enjoying good health, I realized I was happier caring for them when they were ill. There was so much satisfaction in helping a child to regain its health.

When I expressed my feelings to Matron, she suggested I go in for hospital training and mentioned her own school which was at Isleworth.

DOCTOR SERGEANT

Doctor Sergeant had "walked" the East London Hospital. She told me of the large training school and, at her suggestion, I applied there. This was

contrary to Mother's wishes, an unusual thing for me to do.

A Monday morning was arranged for an interview. I was given the weekend off duty and left Saturday morning for my home at Barnes.

Mother explained that she did not wish me to train in London but nearer home so that I could spend my off duty time there.

At the hospital I was given a thorough examination and was told I was in perfect condition. As I was about to be dismissed, the doctor said "Put out your hands," and, glancing very closely through spectacles, he asked the reason for the roughness and cuts. I explained this was the result of disinfecting my hands after attending children in isolation.

"Wait outside, this may change my decision," the doctor said.

Later, I was informed, because of the condition of my hands, I was not accepted as the risk of infection could be quite severe.

When I told Mother I was not accepted, she said, "In answer to my prayers."

When Doctor Sergeant and Sister Elliott heard the result of the interview, they were both surprised, and declared:

"They have turned down a good nurse."

Not long afterwards I received a letter from Mother telling me to hand in my resignation, and at once.

I recall how I hated to go to Matron to tell her this. She was not pleased, and asked, "Why? What's the hurry? Have you made an application to another hospital?"

I had not, but Mother had, and in a few days I received an application form from Isleworth.

Before leaving Babies' Castle I received word I had been accepted. And although Matron was a little put out over my leaving so soon, she was very pleased I was going to her training school. "It is an excellent one," she said, "and you will have more privileges than in the London hospital, for you will be allowed to do many of the things that Interns do."

In my three years at the Castle there were only three deaths, which is a tribute to the splendid care given to those Barnardo Children. They did not

have the amount of milk that is considered so necessary for today's children. Nor did they have any variety of breakfast cereal, just plain oatmeal porridge. Fruit was a luxury so they seldom had orange juice. These children rarely complained of toothache, yet none possessed a tooth brush. Nevertheless, in spite of all these deficiencies, I saw thin, undernourished, dirty children learn cleanly habits and become robust, well developed children.

Before I could be accepted at Isleworth, I would have to be vaccinated, I asked Doctor to give me the treatment.

"But, how is it you have not already been done?" she asked.

"Because my father was for some years a conscientious objector."

"What reason had he for being one?" Doctor wanted to know.

I gave the facts as I heard them from Mother. Gertrude, who was two years younger than Fred, was taken to the doctor's surgery for vaccination when she was three months old. The doctor was so impressed with my sister's loveliness that, with Mother's permission, he carried her into his home for his wife to see. In the surgery was a rather puny looking baby with a pustular arm. The pox from this child was scratched into the arm of my baby sister. From the time it became effective, Gertrude was a doomed baby. When she died my father vowed, "If I have another daughter I will never allow this to happen to her."

After my birth he appeared in court and gave his reason for being a "conscientious objector."

The three years spent at Babies' Castle did a great deal to help me overcome my shy and reserved nature. One of the most difficult things for me to do was to kneel at my bedside twice a day, with others in the room. This was a habit of my parents and I was determined, at all costs, to follow their example. In the morning I asked for God's help for the day's work and, in the evening, I offered up my thanks. There were times when I closeted myself in the lavatory.

I look back on these years as being my happiest,

for there was nothing to mar the congenial companionship and serenity enjoyed in that homelike atmosphere under the Christian discipline of Sister Elliott. I loved the work and gained much knowledge, which, I hope, was passed on to others.

I was greatly surprised on my arrival home to see preparations being made for Ernest to leave for Canada.

"But, Mother, he is too young and delicate for a country like Canada. Think of the lonely prairies! Why does he have to go?" I asked.

"Because it will be better for him and he will be contented with Charlie."

This younger brother had gone to Canada to make his fortune, and had taken a quarter section of land in Saskatchewan. Another thing, very soon I would be leaving home to start my hospital training.

"But perhaps Dad will be back before then," I said.

My father had been sent to Egypt to obtain photographs of important stones and relics.

I accompanied Ernest to Euston Station. There he caught the boat train to Liverpool. I hated to see him go for he was only fifteen years old. Tears were falling as I watched the train steaming from the station, taking away my youngest brother.

I was not happy as I passed through the door of the Infirmary at Isleworth to start my general training, for I had left Mother alone and my conscience troubled me.

I was taken at once to the Matron's office where I received a friendly welcome from Miss Moriarty. She talked to me about nursing and hoped that I would be a credit to the profession.

"Do you plan to make nursing your life's work?" she asked.

"Yes Miss Moriarty, I hope to," I replied.

"I am glad to hear that," said the Matron, "because to go through training and then to marry means many years of hard work wasted."

The age to enter this training school was from twenty-two years. As there were no preliminary classes at that time, probationers entered the wards the first day. There were about three hundred beds. I felt very self-conscious, but glad that I was making my beginning in a women's ward for I would have been so embarrassed making it in a men's ward. All day I was being shown and told what to do. How could I possibly remember it all! Soon I knew that it was very necessary for me to do so.

As a junior, I had a greater share of the menial work; the bathroom and lavatory must always be perfectly clean. Mathron never omitted to inspect them when on her daily round. Cuffs were to be removed and sleeves turned up above the elbow while working in the wards, but at any other time it was an offense to be seen without them.

The second morning I was told to wash a patient's face and hands, braid her long hair - into two plaits, give a warm bed-pan and make her bed. As I finished, the Staff Nurse who was attending another patient nearby said, "You have been thirty-five minutes. Twenty minutes is the time allowed. Learn to live with your eye on the clock."

As Sister Baron entered the ward precisely at eight o'clock I left what I was doing and went to meet her with a "Good Morning, Sister," and then knelt beside her while she read certain prayers from the Book of Common Prayers.

At nine-thirty I was told to go to lunch and then

take two hours off duty. The next day I would be off in the afternoon and for the same length of time. On my return I had to report to the Sister or Staff Nurse, whichever one was on duty. I noticed that neither failed to glance up at the clock as I did so.

Probationers were never given an evening off during the week, but we did have from six until ten every third Sunday. Apart from going to Evening Service there was little I could do with the long evening because my parents objected to Sunday travelling. Co-workers who were off duty at the same time, wanted to know what harm I would be doing if I went for a ride to Kew Gardens - trams passed the Infirmary gates. "No harm," I said, "except that I would be helping to employ Sunday labour, and therefore suffer because of a guilty conscience.

The day started with prayers in the dining-room - before breakfast, which was at six-thirty. All nurses were expected to be assembled by that time. Should a probationer be late more than three times during the month she would have to forfeit her day off. Lectures were given twice a week and after the evening meal, never during working hours.

I had expected to share a bedroom so I was more than pleased to be given one to myself. And a nice comfortable room it was. In addition to the bed it contained a washstand, wardrobe, dressing table and a chair. I was told to strip my bed before going to breakfast. I didn't like that because being a quiet sleeper it was hardly disturbed and it had to be made before going on duty at seven o'clock. What a lot I had to accomplish in just half an hour!

A very strict Home Sister inspected the rooms and many found their beds stripped because they had been made hurriedly. This Sister gave lectures and was responsible for the memory test papers which new probationers found on their dressing-tables when going off duty.

I was in training less than a week when I discovered one on my table. Everything in connection with my ward duties must be recorded - such as, temperatures taken, patients washed, beds made, bed-pans given, patients fed, menial tasks, and so on. All patients were referred to by their numbers, so these

had to be remembered. I also had to state what I had learned during the day.

By the time I was through with my supper and had returned to the Nurses' Home it was usually eight-thirty. And with lights out at ten o'clock there was not very much time for the task. However, if not finished by then I would have to get up earlier the next morning as the paper had to be in Sister's office before going on duty.

The morning Sister Baron sent me with a message over to the male side - a short distance along a covered outside corridor I was apprehensive, so took my time. I had already been cautioned about the mistakes probationers made, for there was plenty of red-tape to cause many a pitfall.

I opened the outer ward door that led into a small corridor. No one was in the linen room or the kitchen which were on my right, or in the small ward on my left. But as I looked through the glass of the inner ward door I saw the Sister at the extreme end. Entering rather timidly, I was about half way down when The Staff Nurse, whom I had not seen, called out, "A probationer never enters another ward without first asking permission to do so. Go back, knock on the door and wait." I was never so mortified in all my life! And my cheeks which were always rosy must have looked like fire, for that was the way they felt. Afterwards, one of the probationers (there were always two in a big ward) told how sorry the men were for me.

When I received a letter from Mother telling me she was in St. Thomas's Hospital for surgery, and this less than a month since I had left home, I knew then why she was so anxious for me to start training, for she could not have kept silent much longer about the way she was suffering. I was convinced now that I had done wrong in leaving Mother all by herself. She had locked up the house and travelled to London alone.

She wrote, "The performance will take place in this theatre Friday the thirteenth, (my lucky number) at eight a.m."

How could Mother write in such a manner?

"Do try and get up to see me when you are off in

the afternoon," she added.

This disturbed me for I could not possibly go to London and back and visit the hospital in two hours. Probationers were not expected to ask favours, and for me to do so always went against the grain. Even to this day I would sooner go without or stay at home rather than ask a person to do something extra for me. And as a new probationer I certainly didn't want to ask for any special consideration. But, what could I do?

I went to the office and explained to Matron what I wanted; but she could not have heard me, for she said, "No, Nurse, I cannot allow you extra time to visit a dressmaker. You must wait until your day off."

I repeated my request a little louder. Matron was now quite sympathetic, and said, "Of course you may have extra time to visit your mother. I will speak to your Ward Sister."

Matron showed far more sympathy for my anxiety than I did for her deafness. At the time, I thought her queer answer so amusing that I told the other probationers. Years later I regretted my former thoughtlessness.

I allowed myself just fifteen minutes to be with Mother, and I was on thorns until I was back at the hospital. One afternoon, doctors were in the ward and, because I couldn't possibly wait until they had gone, I had to return without seeing her. No other member of the family was available. My father had not returned from Egypt. Fred, now a professional man, was in Scotland, and my two younger brothers in Canada. For the time being I had to take Mother's place and write each a weekly letter. Because of my tiredness at the end of the day, and so many test papers, I found letter writing a wearisome task.

Before the end of the trial period, which was two months, Matron required each probationer to make a linseed poultice, prepare a hot fomentation, and make a bed. There were also questions to answer. I attended this class but was not asked to do anything practical and I was getting worried. One day Matron said; "I have watched you several times when you were not aware of it, and there is nothing more I

require of you."

She hoped Mother's illness would not prevent me from continuing my training. I was doubtful about this for, when accepted, I would have to agree to a few rules, one was I could not go home in case of any illness. Now how could I make such a decision? Then I thought of the Sister at St. Thomas's hospital. I had only spoken to her briefly when visiting, but she would know something about Mother's condition. So I wrote her for advice.

The letter was promptly answered.

"In all probability, there will be no further trouble but, of course, anything can happen. As it is your mother's wish to make nursing your career, continue with your training," she wrote.

A month later Mother was able to leave hospital.

Miss Moriarty was a second Florence Nightingale for she spent much time going around the wards. Even late at night she made unexpected visits.

A new probationer was giving a male patient a bath and, as he rolled over, he was not sufficiently covered. A voice said; "when you have finished that patient, come to my office." Because of lack of respect for the patient, Matron told the probationer she could not be accepted. Then a nurse in her third year, was caught asleep on duty by the Night Sister, who reported her.

"Asleep on duty! Why, a soldier in the British army is shot'" said Matron, "and such a transgression in a nurse cannot be overlooked."

She was not permitted to finish her training; which all the nurses thought was too drastic a punishment. Because this nurse was splendid at theory and probably would have done well at the final examinations.

The bedridden patients were given a full blanket bath once a week, but the chronic patients who were able to sit up in a chair were given a weekly tub bath. These patients were often nervous as we lifted them from the wheel chair and in and out of the bath. And for the probationers, it was heavy and fatiguing work. Oh dear! The awful back-aches and painful feet! Many, many times, I said, "I cannot go on."

But that was nothing compared to the sacrifice and

and prolonged suffering of Mother. When she was given an examination at the hospital the surgeons asked; "Why have you allowed yourself to suffer all these years? You should have sought advice ten years ago or even earlier."

These men did not mince matters, and gave Mother to understand there was a milignant tendency; but it was several months before I knew about that.

Because of previous premonitions Mother had had, it was more than likely she had surmised what the trouble was, and why she had arranged to send Ernest to Canada, and for me to take up training. Only then, did she seek relief.

Perhaps now I could help Mother with my prayers, but for them to be answered I must pray in the "right spirit."

While living at Kingston-on-Thames - at which time my father was superintendent of the Sunday School, I remember him praying the night before the picnic that all would go well. Instead, it seemed as though everything went amiss! What I recall so clearly is of a small child who wandered away from the picnic field and over to a farm nearby, where she fell into a dung-well; and almost smothered. Then at tea time, when we were all nicely seated and being served with delicious slices of bread and butter, (how generous were those Sunday school teachers with the butter) and pound cake - down came the rain! Asking Mother why all that happened after Dad had prayed, she replied, "Your father did not pray in the right spirit."

That was an answer I could not understand but I have thought about it many times since. How did Mother know?

Visitors to the hospital were not allowed during the week except to the seriously ill. And then only relations were admitted.

So on Sunday the visitors came in droves, and nurses needed to have eyes at the back of their head to watch them.

No patient was allowed to have more than two visitors at one time; neither were they allowed to sit on the patients bed.

Another worry! When there were Typhoid patients in the ward we never knew what food would be smuggled

in to them.

I remember a typhoid fever patient who, after a hard fight, was progressing favourably, when he again became seriously ill and in spite of constant medical care he died. It was learned later (probably from other patients) that his wife had taken in "pork sandwiches." Even so, how did the patient get a chance to eat them with nurses in the ward practically all the time.

Because typhoid patients were given only liquids, and chiefly mild, they did at times complain of hunger. They were nursed in a general ward, using marked dishes which were afterwards boiled. All faecal matter was disinfected before its disposal. This was the time for a nurse to be most careful of her hands if she did not want to contract the germ. After washing the hands, they were to be immersed in a perchloride solution.

I was in hospital only a few months when I realized how difficult it was for patients to get in touch with their relatives. A man who appeared to be making good progress after a gastrotomy operation and had been taken off the seriously ill list, called me and said he wanted to see his wife because he was dying. I hurried over to the female side to tell Sister who was busy in the operating room.

"The man is only nervous," she said, and I returned to the ward.

Again the patient pleaded and again I went to Sister. She then gave me permission to call the doctor who assured the man he was all right.

"However to ease your mind we will send for your wife," the doctor told him.

I have not the slightest recollection how relatives were reached in an emergency. But I do remember that much time had been lost, and that the patient had died shortly after the message was sent out. This has happened before and since when the patient was right and others wrong. How sorry I felt for the poor wife hurrying to her husband's bedside, and then seeing him on a shelf in the mortuary.

The best ward teachers were those who turned up their sleeves and helped probationers with the work. During my first year of training I was fortunate to

be under such Sisters. I would be told to get everything ready for a seriously ill patient and then as a Sister worked over the patient, she explained why this and that should be done.

"Do this," said one, as she loosened the top sheet, "So as to make sure you have not tucked it in too tightly at the bottom. If you do, it will cause much discomfort to the patient and, if continued damage the feet."

It was years later when a nurse, who was giving me special care told me about her brother who when dying said to her. "I hope Molly you never tuck the bedclothes in so tightly that a patient cannot move his feet."

His sister was much too good a nurse to do a thing like that.

Another Sister explained, "Before giving a patient a hot drink from a feeding cup be sure to test the contents on the back of your hand to avoid scalding the patient's tongue."

I found it so easy to remember when a reason was given. The severe, exacting type of Ward Sister was the one I admired and was contented to work under, for I did want to become a good nurse.

The doctors usually made their morning rounds between ten and eleven o'clock. All menial work had to be finished and the wards in perfect order by then. But there was one day a week when charwomen arrived with their buckets and brooms, wax and rags. They pushed the heavy polishers back and forth. Up and down the wards they went, the polishers clanking away, and leaving a beautiful lustre behind.

Thoroughness was the key note throughout that immense building.

Between Christmas and New Year, and before the decorations were taken down, the hospital had an afternoon and evening for visitors. Strange to say, the decorations were paid for by the Sisters and Staff Nurses, which often left them penniless until next payday.

It was my first Christmas, and I had completed eight months of training, so, for my parents to visit gave me unexpected pleasure; yet, when they asked me to take them around the hospital, I said

I could not leave the ward.

On my next visit home, when I had a day off, Dad wanted to know why I had so much to do, when the other nurses were free to show their visitors around. My father did not seem to understand I was only a probationer and the others were my seniors.

Another thing. "Why don't you try to keep your shoulders back and have more dignity like the other nurses?"

I was so upset I burst into tears.

As far back as I can remember, Dad had this habit of comparing his children with others, and never in a favourable manner. When he told an old lady about Charlie's faults, she said; "Troublesome boys usually make the best men!"

If only I had taken after my father, I would have been both upright and dignified. It was because of these characteristics I was so proud of him. In looks, Dad must have resembled King Edward VII. One time he was at the Isle of Wight and, after he had entered an hotel, a crowd gathered. The proprietor asked what was the matter and was told; "We have just seen the King go in." It so happened His Majesty was expected to visit the island at that time. Most likely Dad was wearing his Sunday clothes, for he always attended church dressed in a frock coat, top silk hat, wearing gloves, and carring a tightly rolled umbrella.

Mother had done her best to have my posture corrected, but it was almost impossible for me to be erect. My round shoulders had been caused by the use of too many pillows in my infancy. Lather, as a corrective, the pillows were taken away and I had to wear shoulder braces. These were most uncomfortable and my arms were always sore from the constant rubbing. The braces may have helped, but I was very glad when they were discarded and I was allowed to attend a gymnastic class. This was about 1900. The gymnasium then was very much the same as you would see today. There was a vaulting horse, parallel bars, dumb bells, and clubs. At these last I must have been fairly good, for at one gymn display I won a medal. But the costume was old fashioned enough, for we wore black stockings, blue

serge pleated bloomers, and cottom blouses.

I don't know why, but I did have the habit of walking with my head down. Perhaps it was my feet I was watching, because when a child, Dad was forever telling me to "Turn your toes out." I don't know if that was the style then, but today I think it is a very queer way to walk.

The hospital did not have high beds like the ones that are used today, so it was not easy for me to straighten up when for ten hours a day I was bending over low ones. Besides that, I did not have the time to think of my own defects.

Many years later when visiting homes, if I saw an infant of a few months propped up with pillows, I would say to the mother, "Take away those pillows and lie your baby flat."

I only wish my parents had had the same advice given to them.

Before the end of my first year Matron advised me that I had been recommended for staff duty but the Board decided I must complete the year as a probationer.

The Infirmary had three stories, each consisting of a large and small ward. On the male side, these were known as D-1, D-2, D-3; and, on the female side, A-1, A-2, A-3.

A Staff Nurse was given a small ward and worked under a Sister. I was placed under Sister Page in D-1 which was on the ground floor. In the Sister's absence, I helped the probationers and went around with the doctors. I liked that because they explained why they were prescribing certain medicines and treatments.

More Red-Tape! It was a rule that Staff Nurses could not visit the rooms of probationers as that was bad for discipline. Therefore I was doubly pleased that Agnes who later became a very close friend was also promoted to Staff Duty.

All of us liked Staff Duty as we had an evening off once a week. This gave me a longer time to be with Mother. I have not the slightest recollection how I reached Barnes, which was in another county, but the distance could not have been far, and probably I travelled by bus. Mother never complained

so I took it for granted she was feeling all right.

One evening, shortly after I reached home, a doctor called. He said he was going to aspirate Mother's left lung and would like me to assist him. I think this visit must have been pre-arranged.

Downstairs, the doctor asked, "Have you seen anything like this before?"

"No," I replied, "But I have only been in training a little more than a year."

The doctor withdrew a quantity of dark fluid and went on to explain. "Because of your mother's difficulty in breathing I have done this. It should give her some relief."

Up until this time I had not learned of this operation being in any way serious. Perhaps the doctor was trying to warn me, but his remarks did not sink in sufficiently to cause me any undue alarm. At Dr. Barnardo's, Sister Elliott would comment on my ability to detect illnesses in children, but that was my work and I had the time. With my own mother, I was blind, and for a very good reason. My visits were much too hurried, so that my mind was still on my work and, also, I had much to learn.

Hastily, I tidied the room, gave Mother nourishment, and left everything within reach. As I kissed her "goodnight" she took hold of my hand and said, "Mabel, don't leave me."

"But, Mother, I cannot stay, that's against the rules. You will be all right, and Dad will soon be home."

With that, I rushed out of the house, worried, now, about reaching the hospital gate at the stroke of ten. A porter made a report on everyone entering or leaving the grounds.

Later, I wiped tears from my eyes as I thought of my behaviour. For years Mother had silently suffered, never asking anything of me, while giving me so much. Now, when she made a request, I refused. I should have stayed and taken the risk of forfeiting my training. Today, if the circumstances were the same, I would have telephoned, but I couldn't then. Middle class homes did not have any such convenience and, even if there was the odd one, I could not knock at a stranger's door and ask to use their phone.

This kind of thing was not done in the Old Country.

Word went around that Matron had resigned because of increasing deafness caused by a severe attack of influenza a few years previously. As she walked, she carried her ear trumpet in her left hand partly hidden in the folds of her skirt which she held up so gracefully. The trumpet was probably the best hearing aid on the market, but it was not very satisfactory. It was hard enough for her when on her duties but must have been much more trying when attending Board meetings.

We all felt very sorry, especially the Sisters and chronic patients who had known this beloved lady for many years. Before she left Miss Moriarty posted the holiday list. I was to have the last three weeks in July and as soon as I could, I sent a letter to Mother, and she replied by return post.

She had moved again but this time, it was my father's doing. Rather than leave Mother alone so much, he had taken over a photographic and stationery business in the pretty little town of Walton-on-Thames.

Mother wrote, giving detailed instructions of how to reach the place. She believed my "bump of locality" was poor. "Take a tram to Kingston, another to Surbiton, and from there a train to Walton."

After spending a week at home Mother decided I should have a breath of sea air. Mother always loved the sea, so perhaps she felt at this time, the change would also do her some good. She chose Southsea as it could be reached without having to change trains. For years she had taken up to the seaside when we had our holidays. I wonder now how she ever managed the train fare and a place to stay. And what a tedious task hunting for a landlady who would tolerate children!

One holiday on our arrival at Bexhill-on-Sea, Mother had taken us straight to the beach and told us to stay by a certain boat while she looked around for rooms. She seemed to be gone for hours. When it became dark Ernest began to cry. Charlie and I were very near to tears too, but we never moved away from that boat. Mother had had to inquire of some fishermen if they had noticed any children for she had

forgotten where she had left us.

Being constantly with her I now realized she was far from well so, before returning to hospital I said, "Mother if you are not better when I return home in a month's time for my day off, I will give up my training."

It is with love and gratitude I remember the kindness and consideration of Miss Moriarty, for it was because of my promotion to Staff Duty and her holiday arrangements that I was able to have those last days with Mother before the end.

On my return to Isleworth I met the new matron. Miss Forbes was a very good looking woman who possessed a most charming personality which, in time, proved to be rather deceiving. She instructed me to report for night duty in A2 Ward and informed me that this would be for five months followed by day duty for the same length of time.

After our evening meal at seven-thirty night nurses went straight to their wards to relieve the day staff at eight o'clock. After I had received the report from either the Sister or the Staff Nurse, I checked the condition of the seriously ill and had a wee chat with the others. There were twenty-nine patients, which included three chronics in a side ward. I then crossed the bridge to a small ward for consumptives which held seventeen beds. I always worried about these patients as a haemorrhage could occur, or a patient become suddenly worse. So it was a continual going back and forth all night.

All soiled laundry had to be counted and sacked. These, I dragged along the wards to the outer corridor. The night porter would remove them later. Next, the gas lights were turned low over each bed - but high enough so I could see the bed of the patient at the extreme end of the ward. Sometimes the Sister suggested they be lowered more, but never insisted.

About half past nine I cut the bread and butter for the patients breakfast and covered the plates with a damp cloth. Then I started the oatmeal porridge in a large iron saucepan, and put that at the back of the stove, later on, I added plenty of milk to make it more nourishing and of the right consistancy - stodgy porridge would not have been appetizing. Sometimes, Night Sister on her six o'clock round had a small bowl of the cereal, and she would say "I have never tasted better."

At ten, two and six o'clock, temperature, pulse and respiration were taken of the seriously ill, four-hourly dressings renewed, and chronic incontinents changed. As a rule, these last were on a water bed which covered the lower half of the mattress.

The water beds were like huge rubber hot water bottles and much more comfortable for patients than lying on a hard mattress. They were placed over the bottom sheet and completely covered with a draw sheet. For patients who needed changing, another folded draw sheet would be placed over this. To fill these beds, warm water was carried to the bedside in a pitcher and the water was poured into the bed through a funnel. One had to make sure the

stopper was tightly screwed in for there would be quite a flood if one ever came out. At a lecture a probationer was asked how she could tell if there was too much water in the bed.

"The patient would roll off Matron," replied the "pro".

Matron, being deaf, misunderstood her answer, and in her usual slow manner of speaking said, "That is right nurse. You would test it with your elbow." The rest of us just about exploded at Matron giving the answer and we had difficulty in stifling our laughter.

We were taught to make the test with our elbow. As one pressed down into the centre of the bed the elbow had to be able to touch the bottom which one could not do if there was too much water. These beds were a great help in preventing bed sores.

Bed sores are a disgrace, we were told, and with proper care should never occur. Because the incontinent patients were changed three times during the day and the night, we called them, T.I.D. changes. After the patient's back and hips were washed with warm water and soap and dried, the parts were rubbed with methylated spirits (the rubbing was to improve the circulation) and the generous supply of zinc ointment which was also rubbed over the parts helped to prevent the urine from penetrating the skin.

I gave hot drinks to all patients who were unable to sleep. That was what I liked about night duty there was so much more I could do for a patient. Morphine could always be given to those who were suffering, but the Sister had to be called to see the syringe prepared.

On each side of the large ward were thirteen beds, the right was called the Night Nurse's. This meant I had to wash the seriously ill, comb and braid their hair, carry water to others, make all beds, and change any daily dressings.

At five o'clock the nurses usually started to bathe their patients, but if patients were restless and unable to sleep, I liked to do them earlier then give them a hot drink and they probably slept until breakfast time.

Perhaps a patient had been prepared for an operation;

if so, they were given a cup of tea and a thin slice of bread and butter at five o'clock, not any later. Once in a while a nurse might have a chance to sit down but it had to be in the ward, for patients had no way of letting the nurse know she was wanted except by calling. The only time I paused from my duties was for a bite to eat, usually around midnight. I always left the ward door open while I was in the kitchen. The food for this meal was left ready in the dining-room. On our way to the wards each nurse picked up a plate, on which was either a slice of meat from a cold roast or an egg; also a pat of butter. Now and again there would be something extra as a treat. There was always plenty of tea and bread in the ward kitchen. The principal meal for night nurses was at nine a.m. after which we were free to do as we pleased, except that we must be in bed by noon.

One needed to be a good stoker to keep both kitchen fires going so as to have plenty of boiling water ready for the patient's breakfast at six-thirty. Convalescents patients in both wards liked to get up and help. Those who were on ordinary diet had porridge and bread and butter, and if they asked for it, patients could have jam. Some were allowed an egg. I remember frying seventeen eggs just for the consumptive patients, for that was the way they liked them.

Doctor Norton was very kind and thoughtful for the old people in the wards and often ordered something extra in the way of food. One time when I was taking him around a male ward he said, as I handed him the newly admitted patient's bed card (these were kept at the head of the patient's bed). "I think we will give this daddy "a night cap." On the card he wrote, in medical terms, half an ounce of whisky in one ounce of hot water. As he handed me back the card Doctor Norton said, "and nurse don't forget the sugar."

When the day probationers came on duty at seven o'clock, they were responsible for the patients on the day side, which was on the left, when entering the large ward. After the Sister had read prayers I gave the report and went off duty, providing I had

everything finished. Quite often it would be half an hour later. I always looked down the night side to see if all the castors on the beds were turned inward and the counterpanes "just so."

Night nurses picked up their mail when they went off duty. One morning I was much surprised to see a letter in my father's handwriting. Only a few days previously I had received a note from Mother telling me about a Mrs. Drake who was staying with her for awhile and taking care of everything.

"Now that I have nothing to do," wrote Mother, "I am making you some underwear. I bought a strong calico because the laundry people tear them so. Mind you get plenty of rest."

That was the way with Mother she was always thinking of my welfare. Never once did she complain of not feeling well.

"Now what could Dad have to say?" I asked myself as I opened his letter. There were only a few lines. "Your Mother does not seem so well, and I have been wondering if you could get your day off earlier?"

Just another four nights and then I would have a night and a day off duty. It seemed impossible for me to ask such a favour. Feeling very much upset I decided to go to bed. While I was undressing a telegram was brought me. Hastily I tore open the yellow envelope and read; Return home at once - Dad.

Now I had to see the matron, and it was less than a month since I had returned from my holidays. How was she going to receive this request? I finished dressing, and with fear and trembling I went to the office.

As I gave Matron the telegram I said, "My father would never have sent it unless it was urgent." I explained that my Mother was not well, and this could mean her condition was now serious.

As Matron handed me back the wire, she said in a very displeased tone of voice. "This is most annoying and at holiday time too."

"Yes Matron I understand that, and I am very sorry." I told her; for I was fully aware of the situation.

"Well, I suppose you will have to go, but remember, if the worst has happened you are to return." With those words I was dismissed from the office.

When I finally reached home it was to learn that Mother had died in her sleep.

I felt so grateful that my prayers were answered, that I could not grieve over my loss. Mother did not have to lie and suffer as I had seen so many do, but was up and around each day until the last.

My father was surprised and troubled about my having to return to Isleworth.

"It will be quite late before you get back" he said, "and you will be in no state to care for patients."

"I know, Dad, but I have to go."

On my return I met the Matron in the corridor. "How is your Mother?" she asked.

When I told her, she said, "You should not have returned and cannot go on duty."

"But matron, you told me to return, so I am going on duty." Then I asked if I could go home on Saturday for the funeral. I went to bed that night and worked the next two days on day duty. The medical staff, nurses and patients were most kind in expressing their sympathy for me.

When I returned home Fred had arrived from Scotland. Neither of us saw Mother. We preferred to remember her as we had last seen her. Bodies were not preserved in the way they are today, coffins being closed a few hours after death. As the coffin was brought downstairs Fred remarked, "Mother is not in there. That's just her body. Her spirit has gone to the world beyond."

Mother was buried in the cemetery of St. Mary's old parish church where, I was told, Charles the First had been known to worship.

Fred returned to Scotland that night but I felt I could not leave Dad so soon, so I sent the Matron a telegram saying, "Returning Monday."

I talked with Dad about giving up my training, but he did not want me to do that. Neither did God! For why did He take Mother away just before my night off was due? I realized how terribly hard it would be for my father, knowing that he was a stranger in Walton, and burdened with a business of less than three months. How could he carry on alone? Besides losing a good wife, Dad had lost a splendid business

partner.

What happy memories I have of my parents and their wonderful companionship. During the winter months when Dad was able to spend more time at home they did everything together. Going for long walks, arm in arm, was a particular pastime of theirs. At other times my father would read aloud to Mother as she sat busily sewing, or he might get out his English concertina, which some people said sounded more like an organ, and ask, "Annie, what would you like me to play for you?" And they prayed together. Sometimes my father's petitions did not meet with Mother's approval, but Dad was always sincere. Now he was all alone. Although my father very much disliked letter writing he made me a promise. "I will try to take your Mother's place as long as I am able," he said.

Until my father's illness, twenty-five years later, I always received a weekly letter from him; then Alice, my stepmother, promised to carry on, and has continued to do so since my Dad's death in 1943, at the age of ninety-two.

One never knew what to expect on night duty. The most strenuous night I remember was when I admitted a new patient, attended an opperation and had two deaths.

At ten p.m., I admitted a woman who had been knocked down by a bicycle and who, with assistance, had walked into the hospital. Helping her on to the bed I soon removed her few clothes. A very soiled pair of corsets was next to her body. "What a dirty habit," I thought, "no chemise." As I unfastened the corsets, to my great astonishment, out came the intestines. The doctor was at the table washing his hands. After a hurried examination the patient was soon in the operating room, with a slim chance of recovery. She passed away in the early hours.

Before six-thirty a.m. a consumptive patient died, which meant another corpse to lay out before going off duty at eight o'clock

To prepare the body for burial was always the nurse's duty. Even in private homes this was never done by the undertaker but by friends or some member of the family, and the garments were either a shirt or a nightgown, and in the hospital a shroud. The

only duty of the undertaker was to measure the body and bring along the coffin, and with a private family a member usually went into the room with him to see that their relative was placed in the coffin in a respectful and careful manner.

Night nurses were known to grumble once in a while because, at times it seemed as though they were being imposed upon. I thought so when a newly admitted patient was put in the vacant bed on the night side when there were also empty beds on the day side. The report stated No. 9 had a badly ulcerated leg and was not to be allowed out of bed. I already had plenty to do. Now I had another extensive dressing besides other bedside care, but when there was some talk of amputation I asked Sister about skingrafting the leg. She spoke to the doctor and he said it could be tried. As I expected to be on night duty another three months that should give me plenty of time to finish the treatment and if successful, the leg healed. Then I talked to the patient and explained what the doctor had given me permission to do.

"It might save your leg but if you make a fuss I cannot do it."

"Well if it won't be very painful you may go ahead."

So, at five o'clock one morning I made a start, having prepared the arm when I went on duty. A small area of the wound was thoroughly cleansed, then I pinched the arm, and quickly nipped off a small piece of flesh with sterilized scissors, picking it up with forceps and placing it on the prepared area. I removed perhaps twelve tiny pieces (at each treatment) and placed them in a scattered position, then I applied a special perforated dressing, which was not removed for three days. It was most interesting to see how those tiny pieces of flesh were spreading until they joined each other and formed a solid healthy piece of flesh. The remainder of the wound was dressed daily and a salve dressing was applied to the arm. I waited for a week or longer, between the treatments. Because of such a large area I had to execute this treatment several times. To rest the arms I removed pieces from the thigh of the well leg. The patient was splendid and never once did she ask me to stop. About the time I finished night duty

her leg was healed, but the patient was up and about for a couple of weeks before being discharged; because the doctor wanted to be sure the treatments had been successful. Some months later, when introducing me to another medical man Doctor Seagrove said, "This nurse saved a patient's leg." I was happy to know that, for skin grafting gave me far more pleasure than doing a stump dressing.

I suppose there have always been people in the world who prefer sickness to health, but to find pleasure in having operations was something beyond my understanding. Yet I had such a person in this ward, a Miss Tyrell. She was in bed No. 13 and on the night side. Previous history stated three operations had been performed in different hospitals, a hysterectomy, an appendectomy, and the removal of a kidney. Studying the patient in retrospect, I cannot help thinking it is more than likely none of these operations had been necessary.

Miss Tyrell was admitted into this hospital as a chronic case. But not all chronic patients are bed ridden but this one was, because she absolutely refused to be helped out of bed to sit up in a chair, or to be given a tub bath. Yet, when she thought no one was looking, her activity in bed was as nimble as a kitten's. This patient had been a children's nurse and was only in her thirties. Lying with her knees drawn up she would do the most beautiful embroidery. At night she would rock her legs from side to side because of pain. I noticed though as soon as morphine was given she stopped moaning and fell asleep. How could a drug act so quickly? The doctor suggested a way to find out if the drug was really needed. Sterile water was to be substituted for morphine, but the water must be kept in the poison cupboard; (which was in the ward) and Sister called to check it, which was the usual routine. How mean I felt giving the water for I liked Miss Tyrell. We had so much in common as we chatted about children while I was giving her bedside care. The result was the same as with the drug. This treatment was continued for a short while and then the patient was told she could have no more needles.

But this mystery patient was not going to be put

off like that, for she enjoyed lots of attention and was going to get it. So she developed a temperature. She must have laughed to herself as doctors worked over her to find the cause.

If a patient asked for a hot water bottle a probationer would have to obtain the Sister's permission first, but a staff nurse could give one. We were taught a bottle must be hot if it was to give warmth or to ease pain. A warm bottle was of no use whatsoever. The kind we used were large tin ones with a screw top, and they held a full quart of water. I realized how heavy they were when one fell on to my foot. It was bruised so badly that for a few days I had to wear, on duty, a bedroom slipper. These bottles were covered with a flannel bag which was drawn up at the top and tied.

I liked to have Miss Tyrell bathed and her bed made by six o'clock and the hot water bottle refilled. Between then and eight o'clock I took her temperature which was in the axilla (armpit). One morning as I withdrew the thermometer I thought I felt something.

"What have you under your arm?" I asked.

"Why, nothing," replied the patient. But I was dubious as I reported her temperature.

Several mornings later I had changed my usual routine, owing to an emergency, and had refilled the hot water bottle first and then came back later to make the bed. It felt damp.

"Don't tell me this bottle is leaking," I said. "This means dry sheets and another bottle, and I am already late with my work."

"There is no need to change the bed, for the bottle is all right," whined Miss Tyrell.

However I paid no attention to her protest, although I wondered why she was making so much fuss, but hurried to the kitchen to test the bottle for leaks. As I removed the cover, to my utter astonishment, I saw small pieces of flannel fall to the floor. It took a few seconds before it dawned on me what had happened. When it did, I could hardly believe that this patient was capable of doing such a thing. Evidently, she had untied the cover and laid the pieces of flannel on the hot bottle. After I had given her the thermometer she removed the pieces

from the bottle and placed them under her arm with the thermometer, and these had caused the high morning temperature. But for the leak in the bottle this ruse may not have been discovered. What puzzled the medical staff was how did the patient manage such a feat. Some of the doctors were cross and others amused at the deception. The temperature was not taken again.

Then one night this patient complained of earache. When the Night Sister came around at two o'clock, she suggested placing a piece of warm flannel over the ear, which was kept in place with a flannel bandage. When a day nurse removed this, to her surprise, there was blood on the flannel, and in the ear. Doctors could find no reason for the blood, and when I went off duty Miss Tyrell was still wearing a piece of flannel over the ear, which at times, was blood stained. No one ever discovered where the blood came from - Patient 13 had fooled us again.

Many male consumptive patients preferred to be outside, so there were a number of beds along the corridors. At times, I found it rather chilly when giving baths, but the patients didn't mind.

As the men became stronger, they walked up and down and, when they felt well enough to be up all day, they asked for their discharge. They had families and had to get back to work, they said. And that is the way they lived, working as long as they were able, then in for a rest, then out again, until, finally, the disease got the upper hand and they returned for the last time.

Of all the diseases I came in contact with during my training days, consumption was the most dreaded, more so, than carcinoma. The word cancer was seldom used.

I well remember saying, "If I had to make a choice which of the two diseases I would rather be striken with, it would be carcinoma." The reason I gave was, "Because consumption is a disease of the young; and contagious. With the other illness, I would have lived the best part of my life before I knew I was afflicted. And also, I could not pass it on to others."

The new matron was making numerous changes. Some

of them were unkind and made me wonder.

"Take away a pillow," she would say, even when a patient was propped up in bed because of a heart condition.

"No need for so many blankets. Remove one." She said this when a patient was being taken to the ward following an operation. From the operating room to the ward, patients would have to be wheeled along an outer corridor, so they needed to be well covered. Perhaps they had had a different system at the Matron's training school.

To a staff which had always been taught to make patients as comfortable as possible, this attitude was most trying and, because of other annoyances, the Sisters were resigning.

Meals were not the same and, often, there was not sufficient to go around.

One morning, for breakfast, each nurse was served with three sardines and, when the nurse who was serving asked the Sister for more, we were told to pass our plates back and have one removed, so as to make sufficient for all.

"Of a little, take a little," said the new Sister - in league with the matron, no doubt.

Several of the nurses got up and left the table, but I never could go on duty with an empty stomach. Although I did not relish sardines for breakfast, I ate the frugal allowance.

"We are being starved," said Turner, also a Staff Nurse, "and we have to go to Matron and demand more food."

The other nurses and myself did not like the idea but, finally, we all agreed - if Turner would do the talking. She was capable of that all right!

How sarcastic the matron could be! "Starved, are you? Well, you certainly don't look it!" And, true enough, for I must have weighed all of ten stone - one hundred and forty pounds - and the others compared very favourably.

"Go back to your wards and I will look into the matter," she said.

She then ordered good meals and, while we were partaking of them she walked around the large dining-room looking at our plates.

"Well, I don't see anything wrong with the food and

you all have very generous helpings," she remarked.

Congregated at the end of the day in our bedrooms, we could see the funny side and enjoy a good laugh - Turner being quite pleased that her talent had accomplished such satisfying results. Nevertheless, we had to ask for "more" a couple of times before we had finished training.

And the gossip that went around the hospital!

"Why, Matron, in a few months has saved hundreds of pounds, just in food alone, and the Hospital Board is delighted," we heard.

Then the Staff Nurses were moved from their bedrooms in the Nurses' Home over to a dormitory which, at one time, must have been used as a ward.

Of course we were cross at the matron for doing such a thing but we agreed to make the best of the shifting and get what fun we could out of the change. So, what was the harm in having a feast once in a while, especially when we were on such short rations?

I well remember the salmon salads, which consisted of hard boiled eggs (these must have been cooked in a ward kitchen), tomatoes, lettuce, and cold potatoes - if any had been left over from the patients' dinner; these, with canned salmon, were all mixed together in one of the wash basins and, having no plates, we used our soap dishes. With this mixed mass, we ate thick slices of bread and butter, using the handles of our tooth brushes to spread the butter. What a repast!

We were never given back our bedrooms.

During the fall of my last year, I was up many mornings at five o'clock to study. I had to be careful to shade the candle so that the Night Sister would not catch a glimpse of the light. My roommates objected to being disturbed so early but it was the only time for me to really accomplish anything. When on night duty, I would get up a couple of hours earlier. Some nurses could get by with very little study, but not so with me.

I learned massage from Sister Brocks, who went all over the hospital giving numerous treatments; in the evening, she gave lectures and practical demonstrations. How tired she must have been at the end of a day, for this branch of nursing can be very exhausting.

I thought I should like to become a masseuse but, when I learned how extremely difficult the examinations were and that many nurses had to "Sit" a second time, I knew it would be useless for me to attempt them.

Yet, I needed more than general training if I wanted a successful, busy career.

When Sister Mellor of the Maternity Block requested third year nurses to let her know as soon as possible if any wished to take Midwifery Training, following their final examinations, I made a decision to do so. The six months training was free, but for that length of time I would have nothing coming in. I just had eight months in which to save enough money to provide for my wants during that length of time. We were paid a small salary while training and I had managed to save something each month, but I would have to do better in the future.

The last five months I was on night duty again. The winter months were the heaviest, for there was the extra work of attending to five ward fires, besides the two kitchen ones.

However I liked stoking, so there was always a nice glow over the wards. I can recall hearing as I returned to ward A-2, "Now we will have good fires."

I never did complete five months' day duty, neither was I ever on night duty over on the male side. Many of the nurses thought the male wards were easier.

Before the final examination, I was tired and nervous. At the last lecture, Home Sister asked me to describe the kidneys and their position; to the latter, I replied, "Front part of the abdomen."

One morning in April 1910, and before ten o'clock (no time for night nurses to get even one hour's rest), thirteen nurses were seated in the Board Room anxiously awaiting the entry of Doctor Norton.

Before us he broke open a large sealed envelope which contained the examination questions from Mr. Paget, the Examiner.

As we read over the questions, Agnes, who was sitting near me whispered, "Mabel, I know I am going to fail." (and she one of the brightest). Through clenched teeth, I said, "Shut up!" Home Sister was watching.

I remember four questions - "Describe the digestive system, general circulation, pulmonary circulation, and give in detail the history of a patient successfully nursed." My choice was a septicaemia patient, who I had helped nurse back to health. Because she had been so ill and recovery was doubtful, I had chosen her for my "write up."

I do not remember the other questions, but I answered all but one and that had to do with obstetrics. We had never studied that subject during the three years training.

Two weeks later, Mr. Paget arrived for the Oral. We entered the Operating Room, one at a time. A boy was on a table in the anteroom.

When I gave my name, Mr. Paget said, "A fine practical paper."

On the lad, I pointed out different parts of anatomy, laid out instruments for a strangulated hernia operation and made urinalysis for sugar and albumen. Another nurse entered as I left. We were not allowed to speak.

About a week later, the names were posted. One nurse had failed - how sorry we felt for her - but she could stay on and try again the next year.

We were allowed extra time to go out and send a telegram, if we wished, and that's all the fuss that was made over our passing and becoming "Trained Nurses."

All my class mates had some time to make up. I was the only nurse to complete training without being off duty for sickness, not even a septic throat. In my childhood days, this was such a common complaint that a suggestion was made to have my tonsils removed, Mother replied, "God put them there for a purpose and they are going to stay." And I have them today.

We were given our Diploma on leaving.

How I wished Miss Moriarty could have put her signature to my piece of parchment. However, the new matron kindly wrote, "An efficient nurse" and I hope I was always that.

Before Agnes and I commenced our midwifery training, Sister Page had written to say, if we made application to H.R.H. Princess Christian's Trained

Nurses at Windsor, we would be accepted for Private Nursing. Sister Page had taken up this branch of work after leaving Isleworth, but only for a few months, as she later married Doctor Seagrove.

We were both delighted! Why, we might even have a chance to nurse royality at the Castle!

However, we did not start Private Nursing until we had completed our midwifery training and had successfully passed the examinations of the Central Midwives Board which entitled us to use the letters C.M.B.

H.R.H. Princess Christian's Trained Nurses

Windsor . . . Berkshire

On the second of January, 1911, I enrolled with H.R.H. Princess Christian's Trained Nurses, an organization which accepted fully trained nurses for Private Duty. Adjoining the Nurses' Residence was the Nursing Home. Occasionally, we had the chance of doing duty there as well as in private homes. I for one liked the change because of the routine and regular hours. Miss Lumsden, the Lady Superintendent, was in charge of both. The nurses received a salary which was a good way to start, but when nurses became known to doctors and the public they made more money by paying a percentage to an agency rather than taking a salary. The disadvantage of this, of course was, "no patients, no money" and private nurses could be out of work for many weeks.

I did not feel very confident as I started out on my own. There was no Ward Sister to go to when in doubt as to what I should do and hearsay, about this branch of nursing had not been very encouraging. I would frequently be seeing new patients, working for different doctors, and meeting many relatives and friends, never an easy thing for me to do at any time. I wondered how my presence in homes would be tolerated by maids and servants who were known to speak of nurses as "necessary evils." I also must know what to do in any emergency.

But the nurses who were in the sitting-room when Miss Lumsden introduced me were quite ready to offer advice.

"Don't let your patients know you have just finished training. They will think you don't know very much. It's experienced nurses they want. Also, ring the bell, and let the maids wait on you. It doesn't do to make yourself too cheap."

This may have been one of the reasons why nurses were not liked by the serving staff.

When the maids were extra busy in the Nursing Home, Miss Lumsden told us we should lend a hand with our dishes. I remember how particular she was

about the mustard-pot which had to be washed after each meal. Mother used to say, "Coleman made his money not with the amount of mustard eaten, but with what was left on the plates, and washed out of the pot."

When nurses came in from cases they had very little freedom. They were expected to be right on hand at all times. I know the few times I was idle I did not go far away, and saw very little of town. - However, I managed to visit the Royal Mews, and occasionally attended St. George's Chapel for Evening Prayers. During my hospital training days, church services had been shamefully neglected. I did not even fulfil what was required of me as a member of my church. Nurses of the Roman Catholic faith were allowed to attend early Mass, but no such arrangements were made for those of other faiths.

On one occasion, when I was a young woman, and I was attending an eleven o'clock service, I had a weak spell and had to be taken out of church. It had caused quite a disturbance and ever since then I felt it was better for others if I stayed away from the more crowded services. Perhaps I should not have been so sensitive; it probably would never have happened again, because I was a very healthy person. Nevertheless, this fear has remained with me to this day, and I always choose the early morning service when there are the least number present.

It was quite an advantage having the children's and maternity training, so far as my work was concerned, for I was seldom idle. Often I was sent out ahead of other nurses. This is not said in a spirit of boastfulness. There were many times I wished I could have stayed and others gone. It was for this very reason that some nurses did not take the midwifery course. It meant a great deal of night work, for it was only the very wealthy who had two nurses for a maternity case. I well remember saying, "It is nearly six months since I had a night of undisturbed rest."

For the first four months my cases were varied because many of the illness's were of short duration. These gave me a good idea what to expect in this

branch of work. Female patients who were not very ill, yet needed some attention during the night expected me to sleep in the same room. If I did, which was seldom, they had to allow me to keep a window open. When a patient refused, I said "Very well have your husband sleep with you, and he can wait on you." I was surprised at the number of people who objected to the night air.

Uniformity of dress was not a requisite so I chose for my indoor uniform a cotton material of butcher blue. The aprons, stiff collars and cuffs were the standard for that time, and cap much the same as the army sisters. As we were not allowed to take private clothes with us to cases our out-door garb was a cloak and bonnet. A silver badge with the Royal crest was worn on the left of the uniform; and it was by this badge that her H.R.H. Princess Christian recognized her nurses. When passing her on the street nurses made a slight curtsey.

At Slough, a town a few miles from Windsor I had my first experience with a private maternity case. I had visited Mrs. Howe two months previously as she wished to become acquainted with her nurse.

In Mrs. Howe's bedroom were twin beds. These were pushed together and made up as one, using a double mattress and bed clothes. In the case of either the husband or wife being sick, they were moved and made up singly. I thought this quite a good idea, until Mrs. Howe requested I sleep in one of them. I weakened this time but it was more satisfactory for me and the baby to have another room. I could then bottle feed the baby during the night and the mother could have her rest undisturbed.

It was usually eleven o'clock before I could get to bed. One night I was awakened by the baby at one a.m. "Well" I said, as I stifled a yawn and turned over "You will have to cry because two o'clock is your feeding time". Mrs. Howe had awakened, but was not saying anything for so often she had said "I want my little daughter to be well trained."

Then unexpectedly the bedroom door opened and in came Mr. Howe dressed in a long white night shirt. I said nothing as he went over to the crib and picked up his wee daughter who immediately stopped crying.

Suddenly I was angry. How dare the father come into the room, where I was in bed, to interfer with my work.

"You can take her, for I will have nothing more to do with her," I said, in a tone I did not ever remember using before. Quickly he put the child down and left the room.

The next day I said, "From now on the bedroom door will be locked." Mr. Howe was sorry, and asked me not to do that, for he would not interfere again.

The theory at that time, and at recurring intervals since, was that babies should be brought up by rule and allowed to cry until the next feeding time which was every four hours during the night. This was most trying for parents especially when it was their first child. I should have followed the method I had been taught at Babies' Castle for there, no baby ever cried at night, as their feeds were often given as frequently as in the day time. But that system would not have been feasible in a private home, especially when a children's nurse had been engaged to care for the baby after I left. Nursemaids expected their new charges to be trained by the time they received them into the nursery.

The doctor attending Mrs. Howe usually made his calls in the morning so it was quite a rush to have everything finished by eleven o'clock. This doctor, like many others at that period, wore a frock coat and a top silk hat. The maid as she opened the front door, was ready to take his hat as he entered the hall.

One morning as the doctor stood beside the patient's bed he said, I would like to feel the uterus." As I unpinned the binder he asked, "Why have you that on?"

I did not know just what to say for I had been taught to use binders and patients liked them. They often remarked when I was pinning them on, "My that feels good." They also took the place of a sanitary belt. Now I was told to leave the binder off. This amazed me as it was contrary to my training. As soon as he had gone Mrs. Howe insisted that I put it on again.

"What kind of a figure will I have without a binder?" she asked.

The next time I heard the doctor's "rat-tat," I had to hurry to remove the binder before he had time to get upstairs.

When maternity patients were up and around, long back laced corsets replaced the binder. I would be requested to pull them in comfortably tight; but one mother insisted, "tighter, tighter than that," - Then I said "No, I don't want you going off into a faint." My patients did not mind having babies, but they were particular about getting their figures back into shape again.

When six weeks old, Gwyneth received her pretty Welsh name. Every stitch of the Christening outfit was made by hand, and so beautifully done. There were many guests who arrived at the church in carriages and then came to the house for afternoon tea.

A few days later Gwyneth's nanny arrived, and I said farewell to a very happy father and mother. I visited them a few times and Mrs. Howe wrote me many an interesting letter. Although I was somewhat of a tartar myself, I thought Gwyneth's nurse even worse. Mr. Howe went daily to London and usually returned home before six o'clock, which was the child's bedtime. If the train should be late, or Mr. Howe detained, he was not allowed to enter the night nursery to say good-night to his own little daughter.

I had scarcely returned when a call came in for a nurse with her C.M.B.

A woman was in labour in a nearby workhouse. I wondered afterwards why she had not been sent to a hospital. It was evening when I arrived and the bare room was lighted with an oil lamp set in a bracket on the wall, so I had to re-arrange the bed in order to get as much light as possible. To say that I was nervous is putting it mildly. The patient told me this was her first child, but I doubted the truth of this after making an examination. Everything was going along very well when, to my dismay the light grew dimmer and dimmer. However, I did manage to bring the child into the world before complete darkness. This experience I never forgot. In the early years of district nursing many homes were using lamps, so I always asked a member of the family to make sure the lamps had sufficient oil. After the

patient was made comfortable I gave her a hot cup of tea. "Never neglect to give one, for it is the best stimulant there is for a tired mother." We had been taught this by Mister Mellor. I stayed for ten days and I know very well that no other mother and baby received so much attention as these two, who were staying in an English workhouse. This case was my first responsibility as a midwife.

Windsor is situated on the bank of the River Thames and is about twenty miles from London. Across the river is Eton College, one of England's famous public schools. Quite a number of times I was called to nurse some of these boys or some of the masters and their families. On one occasion, I was in isolation. My patient, quite ill with the measles, was a new boy of eleven years. In his delirium, he was saying, "Must I be a fag? I do not want to be a fag." As I listened to this child's ravings, I felt rather indignant that such a practice was allowed. Many times I had heard the shouts of "fa-a-ag" and had seen or heard the little fellows racing along the corridors to answer the call of the senior boys. Woe betide these young lads if the fag-masters were not satisfied! These junior boys had to do all kinds of menial tasks, besides preparing a snack to eat. I recall seeing one boy with bacon on the end of a long toasting fork looking for a decent fire over which to cook it.

Another time I was on duty with a fourteen year old boy who had undergone an emergency operation. While playing football he had received a hard kick in the back and a kidney had been badly injured. As a general routine following an operation a patient could have one or two teaspoons of tepid water every hour. That was not sufficient for this young patient.

"Please nurse," he moaned, "give me a drink. I am so thirsty a teaspoon is no good."

After giving Andrew several teaspoons of water (I never professed to be a good surgical nurse) I said, "If you promise not to swallow the water you may rinse out your mouth."

"All right nurse, I promise." So I raised his head and let him take a mouthful. As I put down the tumbler to pick up the kidney-shaped basin to receive the water my patient swallowed it.

"Very well," I said, "You will not have the chance to do that again." And I really meant it, but his incessant pleading was more than I could stand. It was obvious however, that the intake of water did Andrew no harm for he made a splendid recovery.

It was amusing to see such small boys wearing top hats, and I think it must have been the first article of clothing they put on when getting up, for there were times when I had seen them hurrying for prayers, dressing as they ran, but never without the famous silk hat.

Another time I was sent to the home of one of the masters. His wife was expecting her fourth child. The doctor and nurse who had been engaged were not available, so an elderly doctor and myself "took over". We both found the husband annoying as he kept going in and out of the room. When the patient was ready for chloroform I asked him if he would please stay outside until everything was over.

"Certainly not. I always stay with my wife until after the birth," he said, and proceeded to sit on the side of the bed.

"In that case," said the doctor, "You might as well be doing something useful," and he handed him the mask and the bottle of chloroform.

The doctor was so annoyed that I do not believe he would have minded if the husband had poured out too much and caused his wife some distress. But the master was careful and gave it sparingly, talking incessantly to his wife and making all kinds of extravagant promises. No wonder the other doctor and nurse were not available! They must have had previous experience.

Because patients were always delivered lying on their left side and were well covered, there was really nothing embarrassing about having the husband in the bedroom, and perhaps it is a privilege a husband should be allowed if he so wishes, but this master was the only husband I ever came across who wanted to be present at the birth of his baby.

A few months later I was back again in the same home. This time to prepare for an emergency appendicitis operation which the master had to undergo. He refused to go into a nursing home or have another

nurse. If he had only known I did not care about nursing men, perhaps he would not have been so partial. It seemed as though the patients had their own way and not the doctors in those early days.

An operating table, basins and dressings were sent out by a chemist. I cleared out unnecessary furniture laid sheets over the carpet and arranged for plenty of light. I was rather worried about warmth, as the only means of heating the room was from a fire in the grate. The skilled surgeon worked quickly and in less than half an hour the operation was completed.

What a trying patient I had! He would not have his books removed from the bed, not even for his bath, so the bed was never properly made. Every morning, his wife, clad in scanty attire, came to her husband's room to perform a series of calesthenics. The children, who were very well behaved, visited their father each evening and were allowed to stay for half an hour. My patient made a good recovery and I was able to leave at the end of the second week.

Before I was through with Eton I was in charge of a group of boys in isolation. They had the mumps and when they were recovering they were up to all manner of tricks so that I never knew what to expect next, then word came I was to return to Windsor, and I was not sorry. Yet I was surprised I was not allowed to stay until the boys were out of quarantine, for the nurse who relieved me would also have to fumigate her trunk and all her clothes. Decontamination was quite a business. In addition to fumigation, nurses had to shampoo their hair, no easy task when there was so much of it, and then end up in a hot bath with some disinfectant.

As soon as I returned to Windsor Miss Lumsden called me into her office.

"I sent for you early today because you are to leave for London this evening. Mrs. Clarke is having surgery done by a Harley Street specialist, and she has asked for you. She positively refuses to go into a nursing home or have the surgeon's own special nurses. If her request is denied the operation will be postponed. Now get busy right away

and fumigate; for that is the last home in the world in which I would want you to carry a germ."

Several months previous, Mrs. Clarke had lost her first baby. Because of a severe haemorrhage, following the birth of the baby, another doctor had been called and he took over the case. He discovered the patient had a badly torn perineum and that the nurse was not getting along with her patient, so I had been sent as a replacement. I stayed with this very pretty and most charming patient for three weeks. An operation would have to be performed at a later date.

I arrived in London Friday evening and received a very warm welcome from my former patient and her husband who were now in London for the season.

Monday morning at nine o'clock I was at the residence of the surgeon to receive the instruments and his instructions. Mr. X. was not pleased and said, "I know nothing about you and much prefer having my own nurses on this case. Should the operation not be successful, I am afraid you are liable to be blamed."

How hard I worked all that day getting the large spare room ready! I whitened the windows to be sure that no one outside could see through. I was well repaid the next morning, for as the surgeon and anaesthetis entered the temporary operating room together, I heard one say to the other, "How very nice!"

It was three weeks before my patient was allowed out of bed and six weeks before I returned to Windsor. Before doing so, I was taken to see my first operatta, "The Quaker Girl." Mr. and Mrs. Clarke told me they had more fun watching my reaction than watching the play. I recall now that I was quite excited. Being in uniform, as well as in a prominent seat, I must have been very conspicuous.

When Mr. X. made his last visit and had examined his patient, he told Mrs. Clarke and her husband that he was entirely satisfied with the nursing care she had received and that the operation was successful. Miss Lumsden was also pleased to know that the nurse from Windsor had given satisfaction.

Servants of the aristocracy often stayed with the same families for many years and, in case of illness, were always well cared for.

Because a butler had lost a considerable amount of blood after having teeth extracted, I was sent to stay for the night to look after George. The next morning I was asked to remain for the week. I did not like such cases for there was not enough to do.

I was given a lovely room and because the weather was chilly a fire was kept burning all day. At 7:30 a.m. I was brought a tray with a cup of tea and a thin slice of bread and butter. The delicate china with the pale pink rose buds matched the wall paper. Then half an hour later a jug of hot water was brought to my room.

The climax to my receiving so much attention came when I was preparing to wash my hair. When Lady MacGregor knew what I was going to do she said, "I will send my maid along for she would like to do it for you."

While Rose washed and skillfully dressed my hair (which really looked glorious when she had finished), she told me of the terrible tragedy that had happened in the home several years before. "Lady Gordon's little daughter of fifteen months was running around the night nursery while the new under nurse was preparing the child's bath which was on the nursery floor. Instead of first putting in cold water, she poured in boiling water and then left to get the cold. The little tot fell into the bath-tub and was so dreadfully scalded that she died shortly afterwards. Ever since then the nurseries have remained closed."

"Because of your past training with children, I am sending you to a child who is very ill and quite unmanageable," said the Superintendent. I was to call at the doctor's surgery for instructions. The physician told me he had not been able to make a diagnosis - difficult at any time when seeing a child for only a few minutes.

"I am depending on your help to make one. Note all the symptoms and try to get the temperature down; also, the child must be made to take nourishment. Now, go and see what you can do, and come to

my surgery each evening with the report."

Then I saw my patient of five years, who was so naughty no nursery governess would stay.

The parents must have been at fault and, unless I had their co-operation, I could do nothing. They were both splendid and never meddled in any way with my handling of their little daughter.

It was just a waste of time coaxing Janet to drink. She was accustomed to plenty of that. I locked the bedroom door, rolled her into a sheet to keep her hands down, and then spoon fed her. This was not easy, but I never gave in, and it was several days before this obstinate child would drink from a cup.

As there were no definite symptoms of any one disease, the physician diagnosed the illness "Influenze."

The child's evening temperature had to be normal a week before she was allowed up. When Janet was well enough to go to the dining-room for her meals, and allowed to take short walks, I told the parents there was no need for me to stay any longer. Yet, they literally begged me to stay on, saying, "You are the only one who can manage Janet."

"That was necessary for her recovery, but now that Janet is well again, she does not need a nurse," I replied. And I told the parents they should not talk that way before her. Then I asked them what pleasure they got out of Janet when they had to give into her whims all the time. I passed on to them the advice Sister Elliott had given me when dealing with little children.

I was glad none of my other small patients were as hard to "handle" as Janet.

If the distance from Windsor was not too great, relatives usually sent a conveyance; otherwise I would go by train.

At Stoke Poges, I was taken to another beautiful residence, where one of the maids lay dangerously ill. A physician had been called in when she complained of some abdominal pains and a nurse was in attendance. Then a surgeon was called in for a consultation. According to the history obtained, there was no rise in temperature.

But the surgeon decided to operate. I had been

sent to help get ready and stay for night duty. As the surgeon reached the abdominal cavity, the stench was so offensive he ordered the windows to be opened. The appendix was rotten. By the time the cavity was closed, the patient had died.

Twenty years later, while doing district nursing, I saw a similar case. The patient was a teenage girl. She was complaining of a slight abdominal pain, but there was no tenseness of the abdomen and the patient had no temperature. Doctors were puzzled and undecided what to do. To the family physician I mentioned this abnormal case. He asked questions, sent the girl to hospital and the doctors decided to operate. Later, I was told that the appendix was gangrenous. After an illness of several months, this only child made a good recovery.

Agnes and I were occasionally on a case together because Miss Lumsden would arrange it that way, if at all possible. The second nurse on a case would usually take night duty. So, when Agnes came to help with Mrs. Jackson, we planned to divide the day and night, two p.m. to two a.m. being the most satisfactory. I did not like being alone when a patient was dying and, with these hours the nights were shortened. In case of death, the nurse who had been with the patient longest would be asked to stay until after the funeral. It was after the funeral service of Mrs. Jackson that one of the mourners said to me, "If I am ever ill, I want you to come to London to nurse me." She was Lady Cadogan. Besides being a champion skater, she was well known for her weird pets.

When I returned to Windsor, a retired army officer who was a patient in the Nursing Home required a night nurse. He had been through the Boer War, and since that time had suffered with a slight pain in the lower region of the right side. He finally consented to an operation and later, was shown a bullet which was found imbedded in his appendix.

During the early hours of the third night my patient became very congested. After a quick consultation with Agnes, who was nursing another patient, although neither of us had seen such a thing done before, we sat the patient bolt-upright and piled

the pillows behind him to keep him in that perpendicular position. My patient than started to cough and cough and although he had on an abdominal binder I can recall placing my hand over the area of the incision to relieve the strain. Yet, in spite of this, the incision gave away. When the surgeon saw the patient, he remarked that the position had saved his life. Perhaps the patient would have rather died for the incision was resutured without an anaesthetic.

"How would you like to go to King Edward VII Hospital for two weeks, to act as Night Sister?" asked Miss Lumsden.

I hesitated and then I said, "I would rather not, Miss Lumsden, for I have had no experience in that particular work; besides, isn't that a surgical hospital?"

I made other excuses but they were of no use. I was told to get some rest and report for duty that night.

The King Edward VII Hospital was situated in Windsor. After the first week, I began to enjoy hospital life again and I did feel somewhat important being called "Sister" and sitting at the head of the table when taking meals with the night nurses.

The Royal family was in residence at Windsor Castle when I happened to be nursing a maternity patient, whose home was right opposite the courtyard. I arranged my work so I would be free to watch the soldiers at drill and then listen to the band. One morning, I saw a small boy dressed in a sailor suit, walk across the quadrangle, salute and stand at attention in front of the soldiers. My patient and I wondered who he could be, for he was too young to be a child of King George, and Queen Mary.

There was something else I remember while nursing in this home. The ten year old daughter, after leaving the dining-room, had gone upstairs ahead of me. When she reached her mother's room, I heard her say, "Hurry up, mamma, and eat it up. The nurse is comming and you know she will only make you."

"Why did Betty say that?" I asked.

"Because, when you brought me my tray," explained

the mother, "she heard you say, and in rather a stern tone, I expect you to eat up everything, for I am not carrying any food down again."

"Well, why didn't you eat it?" I asked. "I want you to have plenty of milk so you can nurse your baby and wasting food won't help. Maybe it's just a habit you have of leaving something on your plate."

Betty, who had been listening, and, perhaps, thinking of her baby sister, put her hand up to her mother's ear and whispered, "Mamma, please eat it."

The mother, seeing that her young daughter was very much troubled, did as she was asked.

After Betty had left the room, my patient told me what was troubling her, and why she did not want to nurse her baby.

"We will speak to the doctor and let him decide what you should do", I said. "In the meantime relax and nurse your baby, another twenty four hours will do no harm."

"Because your own mother died of cancer is no reason why you should not nurse your baby," the doctor told his patient. He explained to her, "Everyone is born with cancerous cells, and that as time goes on, with some people they develop, while with others, they just lie dormant. Carcinoma is not contagious, and I think," continued the doctor, "It is rather foolish for people to be so concerned about anything that cannot be helped."

I nursed very few chronically ill patients and, just now, can only remember two. One old gentleman had been a Captain in the army. He and his wife were living in a moderate sized home, while their daughter, Mrs. Mason, lived in a mansion a short distance away. The nurse doing day duty stayed at her patient's home. I, being the night nurse, slept during the daytime over at the mansion. One morning, when taking a stroll in the pretty country village, I was much surprised to see a little girl curtsey to me.

"I am not a Princess, so you shouldn't curtsey to me," I told the shy child.

Perhaps it was a custom of the village people and their way of showing respect to those who were staying at this imposing house.

I well remember the lovely entrance hall in the mansion and the winding staircase to the gallery above. The wealth in this home was quite a contrast to that of the parents.

Also, I have not forgotten the tedious dinners which I would sooner have missed. We sat down at eight o'clock, and it took two hours for the seven course meal to be eaten. If not finished by then, I had to be excused, for my hours on duty were from ten p.m. until ten a.m.

I had been brought up to despise any kind of intoxication liquor, although I would give it to a patient if the doctor ordered it. While in my teens, I made a vow that I would never marry a man who touched it, even an occasional glass - that is, if I knew about it.

I refused sherry, which was often put into the soup; champagne, which was served throughout the meal, then the port wine, and a liqueur which was served in a very small glass and at the same time as the coffee. I never cared for coffee, but I liked it with the thick rich cream that was served with it, while others preferred it black and strong.

My first Christmas, as a private nurse, was spent in this home. At the end of the dinner, Mrs. Mason said to the butler, "Fill the nurse's glass." I asked if I might drink the toast in water. Perhaps the hostess did not hear me, for my request was ignored. I felt very self-conscious. Why didn't the butler or maid bring me a glass of water? Perhaps they dare not. I remember Fred telling me I would have to break the pledge when doing private duty, but I never did. The advice given to me by other nurses was, I could have raised my glass and just taken a "sip". When I mentioned this incident to my father, he said, "I am glad you did not raise a glass of wine to drink my health."

It was early in December, 1912, when Miss Lumsden received a request that I be sent to London. Lady Cadogan had been in a private hospital and was returning home. So, again, I had to be called in from another case. The baby was nearly a month old and the mother could manage, she said. Maternity nurses were always engaged for a month; perhaps that was

the reason why we were often spoken of as monthly nurses.

I arrived in London in the evening. I was taken to my room to wash and then to the dining-room. The family were having their dessert. I recall how they sat and talked while the different courses were brought in to me. They could have excused themselves and left the room. But I was with the aristocracy again and I often marvelled at the courtesy that was shown me.

I saw a terrible change in Lady Cadogan. The cause of her illness had been diagnosed as cancer of the esophagus; nothing could be done to help this condition and she must slowly starve to death. I was wanted for night duty and to be on hand, if needed, during the day. Her ladyship's maid did everything for her, even giving her the daily bath. Now and then I was awakened to give morphine hypodermically.

After the household had retired, her ladyship would say, "Now go and take off your uniform and slip on your dressing-gown so that you will be more comfortable."

One evening I saw my patient's maid going to her bedroom and, in her arms was a small cute looking animal. I put out my hand to stroke it and received a bite from a lemur. The face and tail reminded me of a fox, but it jumped like a monkey. This pet always accompanied Lady Cadogan on her trips to Switzerland and it slept in her bedroom. Now, it slept in the maid's room and, if it should awaken during the night she fed it with fruit.

I was with my patient nearly a week before I saw the other strange pet. I was taken through the drawing room into the conservatory. There I saw a smaller glass house and, looking through I was horrified to see a huge boa-constrictor coiled around the trunk of a tree. I was always petrified of small snakes - now I was living in a house with one that could crush me to death!

Lady Cadogan had photographs taken of herself and these repulsive creatures coiled around her body. This one she had been unable to train so, if by chance it should escape, it might attack us, I was told. No more dim lights for me! As soon as the

family and servants had retired I switched on as many lights as possible. How often I imagined I could see this reptile slithering up the stairs!

Discussing these pets and what would happen to them after her death, Lady Cadogan said; "If the boa-constrictor is taken to the Zoological gardens it will not live long."

"Why?" I asked.

"Because it is not at all likely it will be fed live food."

"Live food? Do you give it live animals?" I asked in a disbelieving tone.

"Yes," replied my patient, "about every two weeks the boa has a rabbit or a guinea pig."

The poor, little helpless creatures! How could anyone do such a heartless thing as that - least of all this patient who was so considerate for others.

As I lay my exhausted patient back on her pillows (she was now unable to retain water) we heard the bells ringing in the New Year of 1913, she whispered, "A happy New Year to you. I know it will be a happy one for me. Death will be a release."

A day or so later Lady Cadogan told me she had all her affairs settled, and added, "I want you to put me to sleep, and please keep me that way." She took my hand and asked me to promise. I did not want to as I did not like keeping a patient under a drug, but her doctor had given me permission to act, if and when, she should make such a request. The drug was given to ease her last hours, not to shorten her life. So I promised. Her ladyship had been a most wonderful patient, and although she had suffered greatly, I never once heard her complain. I was asked to stay until after the funeral.

At the half year of 1913, Agnes and I decided to make a change. While working for a salary, we seldom had any time off duty. We would enjoy a seaside resort for awhile, yet, not too far away, as doctors whom we knew had promised to give us work if we were within reaching distance. We were accepted at a nurses' home in Westcliffe-on-Sea.

Before leaving Windsor, Agnes had been formally presented to H.R.H. Princess Christian. I was not in Windsor at the time and I also missed the

opportunity of nursing Royalty at the Castle by just fifteen minutes.

Shepperton-on-Thames was, as I remember it, a pretty country village not a great distance from Walton, perhaps a mile and a half or maybe two. I am able to recall so clearly three maternity cases that I attended.

One was a mother who was unhappy about the ripe fruit which was in the garden, because she was unable to be up in time to make the jam.

"I always do this," she told me, "for one servant in a home has enough to do."

"I should like to make the jam for you," I said. Do you think Edith will allow me in the kitchen?"

"Yes, I am sure she will, for she, too, will be pleased to have the jam made."

This mother taught me how to improve the flavor of raspberry jam by adding the juice from red currants.

It was late in November, 1913, when I returned to this village, this time to nurse the very young wife of the elderly Vicar. She was having her second child. I was recommended by her stepdaughter, Mrs. Montrose.

A few days before Christmas, Doctor Urquhart called to ask the Vicar if I could be freed from my duties as he would like me to attend his wife. Doctor Urquhart and I had worked together for some time. He, also, was a resident of Shepparton, and the father of three boys. Now he and his wife were wishing for a daughter.

As I entered the pretty pink bedroom and beheld Mrs. Urquhart sitting before a blazing fire, attired in a beautiful pink gown, and the dainty muslin canopy at the head of the swing cot, finished off with a large pink satin bow, I thought, "What a lovely picture."

My patient said, "I am hoping you will bring us luck."

Although another doctor was called, Doctor Urquhart had already delivered his wife by the time he arrived. The excitement at the birth of his daughter was really amusing.

"Come, wake up," he said, as he gently shook his sleeping wife.

There is something more I remember about my patients bedroom which I never saw before or since - a door opened into the bathroom. The doctor told me this was his own idea. He hoped to have a family, so, when building their home, he considered this would be one way of saving numerous steps.

The children had their meals in the nursery but, each day at noon, after they had finished their dinner, they came down to the dining-room and were allowed to take two plain chocolate drops which were kept in a box in the sideboard cupboard. When Paul, the eldest of the three boys, brought me the box, he said, "Nurse, you may take two." After the grown-ups left the dining-room, the children returned to their nursery, each content with his daily treat.

I remember Christmas morning of this year so clearly. It was gloriously sunny and very frosty, an ideal morning for a brisk walk. When I had made Mrs. Urquhart comfortable, I dressed the five day old daughter, wrapped her in a large warm shawl and, as was the custom, covered her face with a veil. Perhaps, today, a veil would not be considered hygenic but, on this particular morning, the face needed to be protected from the cold. With the babe in my arms, I then proceeded to walk into Walton to see my father.

Before a cheerful fire I enjoyed a cup of tea with my father and step-mother, Alice. It was then I told them that in all probability, when the Christmas season rolled around again I would be in Canada.

In a medical journal I had read that nurses were urgently needed in that country for district nursing. Mother had often spoken of Canada as the "Land of opportunity." There was no shortage of nurses in England so I could easily be spared. I also had an intense longing to see my brothers who were living in Western Canada. I was now waiting for a letter from Ottawa to say my application had been accepted. This visit with my father was brief as I had to have little Miss Urquhart home again in

time for her one o'clock feeding.

It was seldom Agnes and I were together at Westcliff-on-Sea because doctors with whom I had previously worked were keeping me busy nearer to Windsor. But one holiday as we were enjoying the sea-breezes, we noticed on the door of a respectable looking building the word "Palmistry." We decided to go in, although neither of us had any faith in this kind of business. At the time we were wearing private clothes.

"You are surrounded by sickness," said the fortune teller as she read the lines in my hand.

"Are you a nurse?" she asked. She must have been astute. I knew that the fictitious character, Sherlock Holmes, could tell a person's occupation by powers of keen observation and reasoning, but this was the first time I had come across it in real life. "Your patients will be lucky," she continued, "because many of them will get better and very few will die, but, because you give so much of yourself you will never be paid sufficiently."

As this person appeared to know so much, I asked her a question.

"Shall I go to India for private nursing?" (Fred had written some time before asking me to go out to Calcutta, as nurses were needed there for that branch of work. At the time he was working for a firm in that city and when Lord and Lady Minto requested the services of an Eyesight Specialist he had the honour of going to the Viceregal Lodge.)

"Or, shall I go to Canada for district nuring?"

"Go to Canada," said the fortune teller.

When I received my application form from the Victorian Order of Nurses in Canada, Agnes and I were on a case together. It was then she decided she too would like to go to Canada, and prevailed on me to keep back my filled in form until she had received one; which I did.

Later we posted them together. Imagine my surprise and awful disappointment, when Agnes wrote saying, "I have been accepted, and will be sailing February the twenty-second, on the Empress of Ireland. Of course you are going."

It was another month before I received word that I had been accepted.

How entirely different my life in Canada could have been if I had sent off my application form as planned. For I would have been sent to Colbalt in Ontario and my friend to Sydney, Nova Scotia.

I was glad I had had the experience of private nursing. I had come in contact with some very fine people and had enjoyed the priviledge of staying in many beautiful homes. I have heard people run down the English aristocracy, but they must have done so from ignorance; and not from knowledge.

BOOK TWO

Canada - 1914

Chapter One

During the crossing of the Atlantic by a strange coincidence, I became acquainted with another English nurse also on her way to take up District Nursing in Canada. We had both received instructions to proceed to Ottawa. When we arrived Miss Mary Ard MacKenzie, who was Chief Superintendent of the Victorian Order of Nurses for Canada at that time, said another nurse was needed in Montreal and that one of us would have to go back there for our training. If Agnes had not been in Ottawa I would not have cared, and even though I realized she was half way through the four months course and our reunion might not be for long I asked if I might stay. It was a matter which could be arranged between the other nurse and myself and as she did not have any particular preference, she willingly agreed to go to Montreal.

Now that I was going to remain in Ottawa for several months I had to dress for the weather. It was now the middle of April and the spring rains were playing havoc with the winter's snow. I had never worn anything over my high button boots at home but in order to keep reasonably dry and to save tracking mud into the patients homes I was forced to visit a shoe shop to purchase a pair of rubbers. I did not like them for they seemed to make my feet, which are by no means small, look immense.

The day after my arrival I began my course. All the nurses met right after breakfast in the Superintendent's office to receive instructions about the morning's work. We were given transportation tickets and told how to reach the different streets and the order in which the visits were to be made.

The first three mornings I accompanied a senior nurse to watch the way she worked. Then I was on my own. Sometimes Miss MacKenzie would be waiting or she might arrive soon after I had started my work. Her presence in the bedroom did not bother me at all because during my training days Sisters had watched me as I worked. Towards the end of my course new nurses accompanied me. I knew then my work must have been satisfactory.

After dinner the nurses met again with the

Superintendent to report on the morning's work. New calls were alloted to us and we were informed how to reach them. Unless the calls were urgent nurses were given time for a rest period so it was usually three o'clock before we started out to make the afternoon visits.

At first I was worried about finding the streets when sent out at night for we often had to walk. But I soon found out it was never difficult to find a policeman who was only too ready to help and perhaps escort me to my destination.

When Miss MacKenzie called me she remarked how quickly I awakened, which was as soon as she entered the bedroom. This was not surprising to me after three years of private nursing when so often I literally had to sleep with one ear open.

I had not thought much about District Nursing in England. I had always connected it with slum work, a branch of nursing in which I was not particularly interested. Now in Canada, I was picturing myself going in and out of homes belonging to the labouring class, but as for slums and poverty, why I never dreamed such conditions could exist in a new country.

Then one night as the Superintendent handed me a piece of paper with the name and address of the patient written down she said, "I could not get much information from the person who was calling or if a doctor is on the case but the call must be answered. Go and do the best you can."

To me this case was an eye opener of the meaning of extreme poverty. The shabby looking building must have been a rooming house. I was able to let myself in, and by means of a dim light, I found my way to the patient's room. It was the barest I had ever seen for there was nothing in it except the bed and the patient. The woman who was about twenty-five years of age must have been alone when the baby was born for it had not been separated from the after-birth, which was also expelled. I could get no details from the mother, she was not in a talkative mood, and the person who had called must have gone to bed. I separated the dead baby and wrapped it in newspapers, which I had taken along with me, and placed it on the floor

in a corner of the room, the after-birth was also wrapped and left nearby. The few remaining papers were placed under the mother and over the soiled bed clothes, the absorbent cotton taken from the V.O.N. bag was used for a perineal pad, and that was the best I could do. I poured all the alcohol I had with me over my hands and wiped them with a small hand towel which was also carried in the bag. In the morning the patient was removed to hospital.

This case made me realize that wherever my work would take me, even in this new country, I was sure to find wretchedness and proverty.

When nurses returned from a confinement we were expected to clean the bag at that time, for it had to be in readiness for the next nurse going out on such a call. These bags were more fully equipped than our regular bags with which each nurse was supplied.

I remember going into a number of French speaking homes and was very sorry I could not speak the language. I could understand a few words because Charlie wrote some of his letters in French when he was attending school in Paris. Mother translated them for me, but that was not the same as being able to carry on a conversation.

I was amazed on one of my visits to find a small flask of gin under the mother's pillow.

"What is this for?" I asked.

"Oh a few drops in hot water with a little sugar will ease the baby's cramps," I was told.

I did not like the idea of giving this to an infant, but later I found out that there were doctors who approved of the babies having it.

One of the first things I was warned about when I arrived in Ottawa was the drinking water.

"Don't drink the city water," I was advised. Even patients were concerned about this, for they knew at once by my coloring and accent that I had recently arrived from the Old Country. Agnes was already bothered with a nasty rash and fretted so much that I could not help asking, "Why did you drink the water?"

One day she declared she was going back to England. Already one nurse had returned because of such a

condition. However, by wearing loose sleeves while working, Agnes completed the training period, and was assigned to the Cobalt district where the skin ailment soon disappeared.

Although I was in the habit of drinking plenty of water, I gave it up and ate fruit. It was so plentiful and cheap compared to the scarcity and prices in England.

Once I was rather late for supper, but I would have been later had I known what was being served. Food was passed to me which I had never seen served at a meal before, and I had not the slightest idea how to eat it. Feeling quite embarrassed with so many watching me I picked up my knife and fork.

"You don't need those," said Miss MacKenzie. "Pick it up with your fingers."

"Then what do I do with it?"

"Why eat it of course."

But no amount of coaxing on the part of my fellow workers could make me eat corn on the cob - food that I had seen, in the Old Country, given to cattle.

One night in August there were great crowds on the streets even though it was past midnight. The doctor on the maternity case was very restless and he had to keep going out to find if there had been any startling news. Presently he returned and said, "War has been declared."

A few days later I was called to the office.

"I am sending you to Sydney," said Miss MacKenzie.

"Sydney? And where is Sydney?" I asked.

"Extreme East," she answered.

I was very disappointed for I was expecting to be sent West and had mentioned that was my wish if I was accepted for the work.

"Perhaps this could have been arranged, but not now that war has been declared, for there will be a shortage of nurses and busy districts must be supplied if at all possible," explained Miss MacKenzie.

I thought I might just as well have stayed at home and then I would have been right there to offer my services to my country. I could not imagine there would be anything exciting about a so-called "busy"

Eastern district.

Was this fate or Divine Providence that seemed to be hindering my way to the West?

Had I sent my application off at the time I had planned I would have been the one sent to Colbalt. Although still many miles from my dreams I would have been going in the right direction.

I remember that the summer I spent in Ottawa was a very hot one and there was what one might call a plague of caterpillars. As pedestrians walked under the shade of the trees these pretty little crawlers fell from the branches on to them and then to the side walk where, sad to relate, they were crushed under foot.

I travelled many times, in later years, to Ontario, yet never again did I go to the Capital City.

Chapter Two

I left Ottawa, Thursday, August the twentieth, and arrived in Sydney, Nova Scotia, Saturday the twenty-second.

Travelling in the same pullman car were two Sisters of the Congregation of Notre Dame. During the latter part of our journey they came from across the aisle to have a chat. This surprised me becuase I was under the impression these consecrated women kept very much to themselves.

They had noticed, they told me, that I was sick, and that I appeared to be unhappy. I had tired to keep my feelings under control, but every now and again my eyes would fill with tears.

When I told them of my disappointment, and where I was going, they said, they could understand exactly the way I was feeling. But they assured me I would like the district as soon as I became acquainted with the people. Mother St. Bernard and Mother St. Ann were going to Holy Redeemer Convent, which was in the same vicinity.

Occasionally I met the Sisters of the Convent when they were out walking, but I noticed these two were always together. Then when I was sent to give Mother St. Bernard some special treatment Mother St. Ann was always on hand to see that I had everything I needed. Although these Sisters are not living today, I still remember them with affection. They were indeed my good samaritans.

I was met at the station by the recently appointed Charge Nurse. It was her place I was taking at Whitney Pier. She was not favourably impressed, for as she shook hands, she said;

"I was expecting someone much older."

Perhaps I did not look capable of caring for her busy district, or maybe, her idea of an English nurse was of the old midwife, Sarah Gaump, a well known character in one of Charles Dicken's books. If that were so, I should have come carring a huge bundle and a loosely rolled umbrella.

It was a beautiful morning, and as we walked from the station up to the main street I had my first glimpse of Sydney's fine harbour. We boarded a tram, and twenty minutes or so later arrived in the district where I was to live and work for

the next thirty-two years.

I was taken to the home of Mr. and Mrs. Rod MacDonald where this nurse had stayed. Although they did not want another nurse in their home, I was given a friendly welcome and invited to remain until I had a chance to make other arrangements.

I soon understood their reason for objecting. They had two small children and were now without a maid. The one they had walked out the very day I walked in. She had refused to stay with another nurse in the home.

"They make too much work," she complained. "What with them always being late for meals, and having to take so many of their calls, why, a girl's work is never done."

It was the night calls that were a nuisance for the MacDonalds. At that time few of the homes had telephones so the husbands or obliging neighbours usually came to the house, and the way some of them pounded on the front door was enough, not only to waken the children, but also the dead.

I remember the first time I was awakened by the noise, and how I stumbled as I dashed down the stairs to stop it.

"No sense in taking chances like that" I told Mrs. MacDonald. "In future we will throw up the landing window to take the message.

One early morning when Mrs. MacDonald leaned out of the window to see who was at the door, and to ask "What do you want?" the husband, who must have been quite excited, shouted out, "I want the Victoria Park nurse."

I was to receive a salary of forty dollars a month; out of which I was to provide my own uniform. A seperate cheque of twenty-five dollars was made out to Mrs. MacDonald. This was for my room and board.

This house was newly built and quite modern. All the rooms had radiators and were steam heated.

I thought these nicely constructed wooden framed houses much more attractive and restful than rows of brick ones, as in the Old Country. For seldom were two of them built or painted exactly alike.

I was on the district less than a week when I attended my first confinement. No prenal care had been given, and very little preparation made for the

delivery. But with the help of the husband, who at the time, was out of work, I did manage to have things ready by the time the doctor came. Although the preparation was not as elaborate as I would have liked. The parents already had a large family and hoped this would be their last child. Times were hard and they were finding it difficult to provide enough food and clothing. The home was clean, but a poor one, that is, if I had judged it by it's lack of material things. I could tell Mrs. Hayes had been accustomed to something better, and not to this poverty. Yet in spite of it, she had high hopes for her children; and it was her aim to give all of them a good education. How she succeeded I was to learn later.

"Would you mind?" asked my patient, "If we call our little daughter after you, my husband and I would like to because she is your first "Pier" baby."

My, I was so pleased I hardly knew what to say. But the elderly parish Priest was not so impressed, for when the God-parents presented her for baptism, and gave the name, Mabel Louise, he did not approve of the first name and said; "That's no name," and christened her Mary Louise. As there was already a Mary in the family the child was always called Mabel.

As the work increased it was not possible for me to keep in touch with all these early families, but, a good many years after, I met a relative of this family. She told me that four of the daughters were registered nurses, and that Mabel had taken a course in children's training.

A draw-back for awhile were the streets, for not one of them was marked. However, I found the public most helpful, and women in the homes would say to their children; "you run along with the nurse and show her where to go." And run they did, otherwise they could not have kept up with my long strides.

Before starting a day's work I would make out a schedule so that I could be back in time for meals. But I could not keep to it because I was so often delayed on the streets as children ran after me, calling "Mummy wants you."

It was only natural for the mothers to be curious, and want to see what the new nurse was like. There were times when I had to walk back the length of a lane or street and, when I asked them what was wrong I was often told, "Oh nothing really, but as you were passing I thought I would get you to look at my baby's tongue. My husband says it's tongue tied." Or "Does my baby need to be circumcised." I would try to take these delays with a good grace and tell them to see their doctor. But there were infants who needed treatment. They had an aggravated form of Thrush, which the mothers called "White Mouth."

I had seen minute ulcers in a baby's mouth, but nothing like these large bleeding ones which had spread to the throat. It must have been impossible for them to take sufficient nourishment, and could have been the reason why some of them died. The treatment at that time was to swab the mouth with "Honey and Borax." So wherever there was a baby there would be a bottle of this patent product. Because the substance was sweet and sticky I don't believe it did very much good. Anyway, without orders from a doctor there was little I could do apart from advising the mothers to give plenty of unsweetened, cool, boiled water, and to call in their doctor. This latter they thought was unnecessary.

These mothers were victims of an old time theory, passed along from one generation to another. They believed that if their children did not have this disease in infancy, they were sure to have it before they died.

"Why let your babies suffer unnecessarily, because of something that may, or may not happen seventy years from now?" I asked. But I explained, that anyone ill for any length of time could have a very sore mouth, unless it is given the proper care.

I had arrived in the city during a very hot spell, which continued throughout most of September. But I did not connect that with being responsible for the white hearse with it's pair of white horses which I had seen in front of many of the homes.

"Why are so many children dying?" I asked a maternity patient.

"It's either because of the White Mouth, or the Summer Complaint," she said.

"But don't the mothers ever call in a doctor?" I inquired.

"Not until it's often too late." she replied.

On one occasion I was in a home to teach a mother what to do for her baby, and a neighbour dropped in to see why I was there.

"What do you know about babies?" she asked, "Who had neither chick nor child. I am the one who should know, for I have had nine and buried six."

"You have buried six babies, and all because of the White Mouth?" I asked in amazement.

"Oh no, some died of the Summer Complaint;" and she said this in a tone which implied she was quite pleased with this accomplishment.

I had been in the district less than two months when triplets were born. The mother had called me in a few days before her confinement. I did not like these late calls, for there was too much preparation to be made in just one visit. As this mother appeared to be tired and discouraged, I said to her, "I will stay and help you get things ready." Then as I watched her moving around I thought she seemed abnormally large, so I asked; "Have there ever been twins born to your side of the family, or your husbands?"

I was surprised at her answer, for most women rather liked the idea of having twins, but not this one, for she said; "I don't want even this baby, and now you are as good as telling me I am going to have two."

I said no more, for after all it was not my place to predict a double birth.

After the doctor had delivered the mother of her third child I told him of her displeasure because of the question I had asked. Then I laughed, and said; "Well, I am glad it's not my business to tell her she now has three babies."

Although the mother was dopey from the effects of the chloroform she must have been vaguely conscious, for when the doctor told her about the births she

was surprisingly calm and good natured.

But it was not a laughing matter, for here were three tiny babies, altogether weighing only nine pounds, and there was a draughty downstairs apartment to contend with. Also the added expense had come at the wrong time, for, due to the outbreak of war, the Steel Works had been closed down temporarily for two months, and on top of this there were three other children.

The babies were laid side by side in a warmed box, around which was wrapped a large quilt. The box was placed on chairs beside the kitchen stove, and a fire was kept going night and day. The morning visit usually took me two hours or longer. After the tenth day the mother was allowed up, so that lessened my time in the home, but I continued to make two visits a day until the babies were a month old.

The doctor and I were quite unperturbed with this unusual birth, but not so the general public. With such a scarcity of telephones, and no radio, it was astonishing how quickly the news got around. People from far and near called to ask permission to see the babies, while others literally forced their way into the home. All this was very annoying and upsetting for the parents, who were not overly pleased with their achievement and heartily disliked so much publicity. I wished I could have done special duty, for then no one would have passed beyond the threshold. If a fee of twenty-five cents had been charged to these curious ones, there would have been a nice sum of money to buy necessary articles. As it was, the majority came empty handed, when even a diaper would have been most acceptable.

I had great hopes that the three babies would live, but the tiny brother who weighed less than either of his sisters died at six weeks. Afterwards, I blamed myself, because I should have extended his new-born care.

It was not long before I became acquainted with the midwives and their work. The three I recall had a fair sized practice in the district, and

although they were not professionals they would take cases without a doctor. Then, if anything went wrong, it was not easy for the patients to get a medical man.

Sometimes I was called in, but I could do nothing until I had orders from a doctor, and then douches would be prescribed, - twice daily. Infection would send the mother's temperature up as high as 104 F degrees, and it would be days before it came down to normal. I worried a lot about these cases, but the midwives did not seem overly concerned.

I also felt sorry for the babies. I saw one, only three days old being fed pap-bread soaked in hot water, with milk and sugar added. That was bad enough, but the midwife always put the spoon to her own mouth before giving it to the baby. Then one day while I was clearing the mother's bedside table of dirty glasses and cups I came across something hard in a piece of rag which didn't look any too clean, tied around with a piece of string.

"What on earth is this?" I asked the mother.

"Oh, that's a sugar teat" she replied, "that's what Mrs. Drake gives to the baby to keep her quiet," she explained.

Thank goodness, I never say a baby sucking one of them, because I always had the queerest sensation, whenever I saw a child sucking a piece of material, the only way I could describe it was "As setting all my teeth on edge."

It surprised me how these women ever managed for they had so little to work with, just newspapers, rags, and a large roll of cotton batting, the kind used for making quilts. So before I could give any treatment I had to send out for a roll of absorbent cotton. This sterilized product was not expensive, a pound could be bought for as little as sixty cents.

When women were having me for the first time I had to do a great deal of talking. Some declared I was much "too fussy." So I had to explain, The Victorian Order had certain rules which it was my duty to carry out." They could see no sense in stripping a bed of its soiled sheets before the confinement and putting on clean ones; then after every thing

was over changing them all again. Later on, when women had learned to make good size pads, with newspapers and absorbent cotton, which was covered with either cheesecloth or clean rags, there was seldom any need to change a bed after the confinement.

Previously, when a midwife was assisting a doctor at a confinement, it was the doctor who would make a rough guess at the baby's birth weight. He would tie the baby up in a large towel, lift it up and down, and declare:

"This fine bouncing girl must weigh all of ten pounds," when probably she did not weigh more than eight. Babies were always "bouncing" in those days, and were always "big". So it was quite a disappointment for a mother, when I said:

"Your baby is exactly seven and a half pounds."

"Oh! You must be wrong. All my babies have weighed more than that," she complained.

However, it was not unusual for babies to weigh up to ten and eleven pounds, and when they did, the parents would probably boast about their immense child. These were not the heavy-weights though, for I can recall two babies that weighed twelve pounds, one that weighed thirteen, and, to cap all a fourteen pound boy. Yes, fourteen pounds, and I weighed him more than once to make sure, for I could hardly believe my eyes as the scales went down and down. It required both my hands to hold the spring balanced scales with its maximum of fifteen pounds. As he lay on the bed sucking his fist, and actually looking around, I asked him:

"Where have you been? You should have arrived long ago." According to the doctor and the mother's reckoning he was a good month overdue.

When there were no small children in the home, a mother would sooner stay alone than keep the school age children from their lessons, or her husband from his work. A neighbour would take a run in now and again to see that every thing was all right. And if, when I reached the home, the kitchen fire was low I would replenish it before going to my patient.

One morning I thought I heard a faint call, so hurried along the hall to the bedroom, and to my astonishment and horror I saw a huge rat on the mother's

bed. The mother and baby were hidden under the bed clothes. Here was something I dare not try to tackle alone, so I ran out of the house for help.

When the rat was cornered it sat up on its hind legs and literally cried.

Perhaps the man was touched by the rat's uncanny behaviour, for he asked:

"Shall I hit it?"

"Why, of course, answered the mother. If you don't kill it now, sooner or later it will get the baby."

The mother afterwards told me the rat was doing its best to get at them. When it jumped on the bed, she was so frightened and helpless, she only had time to cover herself and the baby.

It surprised me the baby hadn't smothered.

In a small community it does not take long for news to get around. The latest gossip at this time was the new Victorian Order Nurse.

"Have you seen the new nurse?" asked one neighbour of another.

"No I haven't", replied the other woman, "but I heard she is an awful crank. Why she even objects to babies sucking dummies. Just imagine that, and babies sucking them long before my great grandfather's day. What next will we be hearing!"

For sometime I had noticed on nearing certain homes that children would leave their play, run indoors, then out again.

"Perhaps," I thought, "they wanted to tell their Mother I was coming."

"But why should the baby be yelling his head off when I reached the house?" Then I surmised what had happened.

"When you see the nurse coming, you run in and tell me; now don't forget," said the mother, as she sent her child out to play.

The baby, I imagined, was contentedly sucking a dummy when suddenly, without any known reason, it was rudely jerked from his mouth.

No wonder he protested. "What ever is wrong with my mother! She has never done such a mean trick before."

"For goodness sake, give Jackie back his dummy," I

said, as I removed my hat and coat.

"I can't possibly talk to you with him screaming like that, and don't worry about trying to keep this thing hidden from me," I said, "Because I can pretty well tell when a baby is in the habit of sucking a comforter. But it is a bad habit, and one you should not have started."

"Maybe so," replied the astonished mother, "but my man is on night shift, and he has to have his sleep."

I could understand that, and probably under the circumstances I would have done the same thing. Yet I could not agree the habit was harmless. The dummies were never sterilized, and mothers would put them into their own mouths before giving them to the baby, or else hold them under the cold water tap and then dip this in the sugar basin.

People used the trams when they wanted to go back and forth to town. This service was of some help to me because it would take me to homes and to the corner of the side streets along the route as far as the subway. My work did not take me beyond that. In the opposite direction they travelled to the bottom of Dominion Street which led to the Coal Piers. But with two thousand people scattered over such a large section, I had to do plenty of walking; and not easy walking either. There were four long steep roads which led out to the country area of Lingan, and when I say "steep" I mean just that, for even the horses had to take their time. This explains why, in the early days when the city doctors were driving a horse and buggy, I sometimes was the first to see a patient. The parents called the doctor, the doctor called me, and I reported back how conditions were. Because I was so much nearer this saved them a few unnecessary trips, yet, I felt I was being imposed upon, as I had only my two feet to take me to these out-of-the-way places.

To the extreme top of one of those hilly streets I had been asked to go to see a baby who apparently was bleeding from the stomach.

"There is nothing I can do for that," the doctor had said, "but you explain to the parents how necessary it is for them to keep the baby perfectly quiet."

I found the parents anxious and upset because of their baby's condition; and uneasy because she had not been christened. They were now awaiting the arrival of the Priest, which would be a hard tiring walk for this elderly gentleman. The baby had been born Sunday morning, and it was now Friday. According to the Priest, the baby should have been taken to church Sunday afternoon for baptism, and he was very strict about this.

I did not approve of babies being taken out of doors so soon after their birth, not even a healthy one, which this baby was not. For at birth she was limp and jaundiced and needed extra heat, which was supplied by the use of hot water bottles. So it was my fault the christening had been delayed. Because of this, I promised to stay until the Priest came. He was a very gruff man, and at times I was rather frightened of him myself, but I knew the kindly soul he possessed, and how hungry families had been fed from his own meagre larder.

After a long wait, there was a knock at the back door, and a neighbour from way down the road hurried in with a message.

"Father MacInnis says for you to put the water on the baby, and to say:

"I baptize thee in the name of the Father, and of the Son, and of the Holy Ghost, Amen."

"But, does he know that I am not of your faith?" I asked.

"Of course he must. Everyone knows that," she replied.

Lifting the baby carefully from the cradle I laid her on a pillow on the table. The parents and neighbours stood by as I dropped water on the little girl's head, saying the required words as reverently as I could.

Those few seconds made a great difference to me. For the time being I was another person, performing a ceremony which was reserved for the sacred profession. It shook me deeply, because of the one who had asked me to do it. I also regarded it as a miracle, for the baby did not die as had been expected.

Chapter Three

When first I went to the Pier there were only two resident doctors, one of whom was Dr. W.R. MacRae, although the town doctors had patients in this area too. But the one with whom I was to be associated in my work more than any other was Doctor MacRae.

Doctor MacRae, a native of Baddeck, Nova Scotia, came to Whitney Pier to practice his profession shortly after his graduation. In the years that followed he became the family doctor for the majority of the people in this district.

What a hard man he was to please! No matter what I did or how I did it, he was sure to cirticize and before the patients. I had been told this doctor disliked changes, so perhaps he would have been more tolerant towards a Canadian nurse. It was an unpleasant experience which I found hard to take, for I had always gotten along well with medical men. "Have patience," my friends would say. "Everything will work out all right," and they certainly did, for the day came when I was Doctor MacRae's "right hand", even to helping him crank his new Ford car. From the on-set I admired him for his great skill as an obstetrician, and his faultless technique.

When a confinement was difficult he liked to have a Dr. F. MacAulay assist him, but if his friend was not available he would manage alone rather than have anyone else. It was then I wished I had another pair of hands and feet.

I was not much good at giving an anaesthetic, for I generally let the mother come around "too soon." This would make Doctor MacRae irritable and he would say:

"Can't you keep her asleep? Give her more chloroform, give her plenty."

There was an occasion when a mother stopped breathing for a few seconds, and we had to resort to artificial respiration. Another time a woman swallowed her tongue, and we had to pass a suture through the tip, so that it could be kept pulled forward until she was breathing normally again. When things like this happened I was asked:

"Why did you give her so much chloroform? You

must have emptied the bottle."

I felt like saying, "I was only obeying orders," but, as usual, I said nothing. Although one time I did pass the remark:

"My, that was a close shave."

"Yes," answered the doctor, "But we won't always be so fortunate."

Yet we were, for we never lost a patient at the time of the delivery. Even the mother who had suffered a ruptured uterus, just before her baby was born, lived for two days. She was not given a chance to recover because her husband absolutely refused to allow her to go to the hospital.

"Outside too cold; hospital no good" was the excuse he made to his doctor, priest, and interpreter. It was the depth of winter and extremely cold, while indoors the home was warm, in fact too warm, so I could see his point there. As I became more acquainted with immigrants I noticed there seemed to be a dread about going to a hospital, and they would rather stay home, even to die. So it was of no use for us to say:

"Your wife die maybe if she stay home, hospital good, your woman get better, maybe."

We had to speak this way because they understood very little English, and spoke less.

Doctor MacRae certainly liked the smell of chloroform better than I did, for I loathed the stuff. He would pour some on the mask, and clap it over his own nose before giving it to his patient. But there was a time when he didn't have the chance to do that:

"Hurry up and give me some chloroform," demanded the patient," I have another pain coming."

I dropped the contents of the bottle on the mask, while the patient held on to it, inhaling for all she was worth. Suddenly, throwing the mask away, she exclaimed:

"Don't try to fool me, that's not chloroform."

The doctor held out his hand for the bottle, sniffed, and grinned.

"Get the other bottle out of my bag, " he ordered.

When he was in the mood, how Doctor MacRae liked to tease me about the time I tried to put his patient to sleep with a specimen of urine!

It was part of my duty to fill in a card for each patient, showing age, sex religion, etc. Once a patient told me she was a Methodist, so I asked where her church was.

"It's the building right opposite the fire station. You may think it looks more like a barn than a church."

I had attended St. Alban's Anglican Church, but it made me feel so homesick that I stopped going. I suppose it was wrong of me, but I found I was happier working, so I would make unnecessary visits to patients on Sundays. But Mr. MacDonald did not think favourably of my spending Sundays in this way, and said:

"You should attend some church service. Not even your work should come before that."

He was right, for I had had this bad habit far too long. As I look back to the years of private nursing in England, I don't remember ever going to church while on a case, except for a christening or a funeral. But now I was living with a family who were staunch Roman Catholics, who never missed a Sunday morning Mass, except in time of sickness.

Mr. MacDonald's mild reproof stirred me, and, remembering the friendly atmosphere of the Methodist church in the Old Country, I resolved to attend this one the very next Sunday.

After the service I met the clergyman as I was coming out of church. The Reverend L.A. Buckley shook my hand and said:

"I think you must be a stranger for I don't remember seeing you before."

"No, this is my first time here, but it certainly won't be my last." I explained I was the new Victorian Order nurse for this district.

Then I was introduced to Mrs. Buckley. They told me this was their first charge since their marriage four months ago. They were quite a distinguished looking couple, tall and very good looking, so much so, that they attracted attention on the street.

And they were both musical. Many an enjoyable

sing-song was held at the Parsonage. Often the choir was invited over after the evening service. If I was in church the invitation was always extended to me. When I was able to attend a Sunday morning service I was sure to be asked to dinner. Later, I had a standing invitation for Saturday evening supper. This meal never varied, for we always had baked beans and home made brown bread. Baked beans was a new dish for me. In England beans of this kind were served as a vegetable.

Because I was "on call" approximately twenty-four hours, I could not have enjoyed these privileges unless the MacDonald residence, and the Parsonage had been handy to one another. The church too, was nearby.

About eighteen months later when Mrs. Buckley was to become a mother, she wished it to be kept a secret as long as possible. But there was one member of the congregation whose eyes and ears never failed to miss a thing, and then to gossip about what she knew to be true. It was this person who made Mrs. Buckley sensitive about her condition. The choir sat on a raised platform which faced the congregation. Choir gowns were not worn at that time.

"Perhaps we may be able to fool Miss Wallace for a while," I said. "I will go to a shop in town, where I am not known, and get you a special pair of corsets. Then, before you go to church, pull them in, perhaps a little too snugly for comfort. An hour or so, will do no harm."

We were pleased this stratagem worked, but I was surprised when, to my enquiries about maternity corsets, the clerk had asked; "What size Miss Dubbin?"

This was the beginning of a most wonderful friendship which grew and deepened even after Mr. and Mrs. Buckley had left Victoria Church, some two years later.

Many people believe in luck and chance, but I have always believed in prayer. I also believe that the important events of my life did not, "just happen," but were a part of God's plan. So I know it was not merely "by chance" I attended the Methodist Church that Sunday evening. God intended

we should be brought together, for we needed each other then, and in the years to follow.

While Mr. and Mrs. Buckley were living in Halifax, Mr. Buckley was the new Y.M.C.A. Secretary. I spent several vacations with them at the home of his father, Dr. A.F. Buckley. One day while I was shop gazing I saw cans of condensed milk in a drug store window. At once my interest was aroused. In England, during the summer months I had fed infants with just such milk, although it had another brand name. So I bought a few cans, and because I had so much to say in its favour Mrs. Buckley decided to try it for her baby, who was far from thriving on the patent food. We both agreed not to say a word to Doctor Buckley, which made us feel like conspirators. Not until he commented on the splendid progress his little grand-daughter was making, and asked about her feeds was he told of the change in her diet. Then he was skeptical.

"But," I said, "It was from a Buckley drug store that I bought the milk." Nothing more was said. But often the doctor was heard to remark, "Hazel is the most beautiful baby I have ever seen."

So, why not recommend it for other babies!

The V.O.N. babies were usually safe from the summer sickness because they were breast fed. Sometimes though, supplementary feedings were necessary. This condensed milk would be "ideal" to carry them through the hot summer months.

On my return to Sydney, I found there was not a can to be bought. I then explained to Mr. MacDonald, the owner of a grocery store, that this kind of milk was purchased at grocery shops in the Old Country. It was not long before he had the milk on his shelves. Then as time went by, this condensed milk was available throughout the city.

Most of the doctors claimed the milk was too sweet and were against prescribing it, yet when all other foods had failed they did, and with excellent results. I recall a Pier baby being treated by a town doctor. He tried every known food, yet the baby lost weight, and became so thin he was carried around on a pillow. It must have been in pure desperation that the doctor told me to go and show the mother how to prepare this

milk with barley water. Just in a few days there was a marked improvement.

Violet Spracklin was an infant of eight months at the time of her illness. Her birth had brought much happiness to the home, for she had arrived after a wait of several years. Now she was at the point of death - because of the Summer Complaint, the technical name being Cholera Infantum.

It is a distressing illness for in just a few hours the eyes may become sunken and the loss of weight considerable; while their feeble distressed cries haunted me for many a night.

I called Doctor MacRae to ask permission to treat Violet as I had been taught in the Old Country, (he had already told me that I knew more about babies than he did), to which he replied:

"There is nothing on this earth you can do that will save her, only God himself can work miracles."

"That is true", I said, "But He also wants human beings to work with Him."

During the acute stage, Violet was given the same care and frequent feedings as I had carried out at Babies' Castle - namely, Albumen water with brandy, sow meat juices, and barley water. The hourly feeds were given in that order. When she was put on the condensed milk the doctor ordered cod liver oil, but she was unable to keep it down. Again I was able to draw on my experience from training days and suggested the oil be massaged into her abdomen.

The small colored flannel binder which had protected Violet's clothing was carefully put away as a souvenir to be brought out and shown to her own children, when she would tell them the story of her miraculous recovery. But Violet never married. When she had the opportunity to express her love in a practical manner, she volunteered to assist me at the weekly V.O.N. Well Baby Conference. For over twenty five years she acted as secretary, and was interested in every baby. Violet only gave up this service because of ill-health.

In a very few years the Summer Complaint was wiped out in the Pier district, that is, as an epidemic. The few children who did suffer from it usually recovered, so that the white hearse drawn by a pair

of white horses was seen no more.

I am sure God used me and my friendship with the Buckley's to bring this about.

The children's deadliest enemy at this time was the house fly. There were so many breeding places and so few defences. In the poorer homes few had screen doors, or screens for the open windows. There were also a number of outside toilets, even one of the schools had a row of them. But the worst place of all was the city dump. Here there was garbage, decomposing animals, and every other kind of filth. Many of the school children would pass by it, because of it being a short cut.

It may seem strange to some people, but I had been taught by Mother to spit whenever we passed a bad smelling place.

"Now, spit," she would say, "It's not good for you to swallow your saliva when the air is so foul."

So I did plenty of spitting at the Pier. In all my time there I never caught a disease of any sort, and I attribute my immunity to Mother's teaching.

Along the streets were splashes of cow dung, for these creatures were allowed to roam at will. Tin cans and refuse piled up in the back yards until the enforced yearly clean up campaign. That is, it was supposed to be enforced.

Flies were everywhere, and, especially, in the hot kitchens. They could be seen crawling over the babies, over their faces, hands, feeding bottles, and food. The mothers liked to bring their babies into the kitchen where they could keep an eye on them, and often they would be in a cradle or box beside the stove, even on the hottest days.

I just had to do something about this fly problem. I told the mothers to keep their babies in a cooler room, and the cradles covered with a netting. Some brought out old lace curtains and asked if they would do. They were inclined to be rather heavy for a hot day but at least they were a protection. The mothers were instructed to wash all feeding bottles immediately after use, and then to keep them in a basin of water. The food on the kitchen table was to be kept covered until the

family were ready to eat. I did my utmost to make these parents realize how dangerous these filthy flies were. They could have come from the dump, an outhouse, decaying food, or a manure heap, and, until they were kept out of the houses, or destroyed as they came in, there would always be sickness, and in many a home, an empty cradle.

Then, too, there was the danger of contaminated milk. I recall seeing milk carried around in a large can and poured from that into a quart measure, and, from this, the housewife received it in a pitcher. Another farmer delivered the milk in bottles, but it was a number of years before it was compulsory for milk to be pasteurized.

Coming directly from nursing in private homes where, as a rule, there was an abundance of everything, it took me a while to grasp what these people were up against. Even thirty-five cents for a window screen was too much money, when men were working only part time, and a number not at all. Men who were fortunate enough to have a job, working from seven in the morning until five-thirty in the evening. For this they received a dollar and forty cents, and, some, only a dollar and twenty-six cents. A weekly pay envelope, for seven days, contained less than ten dollars. Then there were the men who worked at the coal piers. If shipping was brisk these men did well, but when the shipping season was closed, which was usually for three months in the year, there was nothing coming in. Careful housewives did their best to save for these rainy days, but, when the season reopened, there would be money owing on the milk and grocery bill.

I was eagerly looking forward to my first Christmas in Canada, and, as the season approached, I was almost as excited as the children around me. Housewives were busy making Christmas cake. Very few bothered with Christmas pudding, which seemed odd to me, because, in England, Christmas just wouldn't be Christmas without the traditional pudding. I was also amazed at all the cleaning being done.

"Didn't you do any spring cleaning?" I asked.

"Oh yes, but you don't know how quickly everything gets dirty around here, and I do like to have the

whole house spick and span for Christmas."

In another home I had called to make a prenatal visit, and the expectant mother was redocorating her kitchen. I had no idea women did this kind of work, and I wondered what sort of mess I would make if I tackled such a job. I stayed long enough to assure myself "all was well," and promised to call back when the holidays were over.

I knew I would not have Christmas day free, for there were many new cases, but I did have hopes for Christmas Eve. I planned to sit down and go through my Christmas mail which had been piling up during the last two weeks.

No such luck. The telephone rang at exactly nine o'clock. A city doctor was calling. A patient who was not expecting her first baby for another ten days - according to our calculations, was in labour.

"Oh dear," I said, "why couldn't she have waited until midnight?"

"It is more than likely she could easily have done so," replied the doctor, "but she is extremely nervous. You go right along, and I will be over after a while."

When a case was likely to be prolonged, sometimes a doctor would give a sedative, then we could go home and get a couple of hours sleep.

However, this doctor decided to stay. He lay down to rest while I kept vigil. It was a long one, for more than twelve hours had ticked by before the baby was born, but we were so thankful the child had survived the tedious labour that we soon forgot the tiring hours.

Because the number of births I attended ran well into the thousands there must have been others born on Christmas day, but baby Goff is the only "Christmas Baby," I can remember.

After a late breakfast, and a short rest I started out again with my "famous black bag." Not an original name, but that is what it came to be called. My patients were scattered, and it would be late afternoon before I returned. I felt badly about this becuase Mrs. MacDonald had gone to a lot of trouble to prepare a nice turkey dinner, and had set the hour for two o'clock when I told her that was the

time I expected to be finished my work, and then before leaving the house I had gone to the kitchen, and said, "Mrs. MacDonald, don't wait dinner for me. Just put mine between two plates and leave it in the warming oven." It surely looked as though I didn't appreciate her kindness."

Both Mr. and Mrs. MacDonald were very disappointed and thought I was being "too conscientious." And perhaps they were right, for in later years new mothers and babies were visited only once a day instead of twice for the first three days.

I had been in the habit of working on Christmas day, so having to do so now was really no hardship, except for the fact that I wanted so much to spend a little time with the children and to open my mail. But it was the evening of Boxing Day before I had the chance to do that.

It surprised me that no one knew anything about Boxing Day or what it meant. Well, all I could tell them was it always followed Christmas day, and was the day when people in the Old Country gave out Christmas boxes to their hired help. Mother always remembered the Postman, the Lamplighter and the Milkman. The boxes would be money, and anything from a shilling to half-a-crown.

Chapter Four

The City of Sydney is divided into six wards. Five and Six are separated from the other wards by a subway. These two are known as the Whitney Pier District. The streets at the head of the subway are collectively known as the "Coke Ovens," so called because the Coke Ovens, where coal is transformed into coke, is located nearby. Ward Five, the larger of the two, was, at my time very cosmopolitan. Italians, Hungarians, and French children played outdoors together.

The Italian women made the most of the warm sunny days, for they would sit by the hour on their front door steps crocheting all kinds of lace; while at the same time keeping an eye on their toddlers. I seldom saw these women house cleaning or washing clothes, yet I noticed the bare boards of the sick room were scrubbed spotlessly clean, and there was no scarcity of clean bedding for the patient. In every Italian home was a good sized trunk filled to the top with heavy linen sheets, several pairs of pillow cases, and at least four white counterpanes. Three sides of these were finished with wide lace. The top sheets were also finished with a crochet edging, turned down over the plain top of the nightgowns. Because of the coarseness of the cotton used for this decorative work, it did add to the weight of the bedclothes. During a hot spell patients would lie sweltering under the load rather than allow me to remove any of their finery.

The Italians babies could not have been comfortable either. Neither was I happy about the way I had to dress them. The shirt was a cotton one, and any colored cotton material served for a diaper. Then a long wide binder which started from under the baby's arms was wound around its body and legs - which must first be straightened. To keep them that way the binder had to be tightly adjusted. My conscience would not let me do that, so I applied it loosely, - not that my way helped the baby because the first neighbour to visit the mother would readjust it. The top garment was a short cotton jacket with rows of hand made tucks and trimmed with embroidery.

There is one Italian family I well remember. The

first time I attended the mother was with her seventh child. Three months later I gave her bedside care as she lay dying of pulmonary tuberculosis. This must have been the "galloping" kind, for the mother had no noticeable symptoms of the disease three months earlier. The baby had been given to another Italian mother who acted as its wetnurse, - her own baby having died.

At this stage the home was in a very neglected condition; also the family practically lived in the patient's bedroom. I tried my best to make the husband see the risk the children were running when he allowed them to do that, but it was of no use, even the mugs and tumblers were kept there.

One morning as I was getting ready to leave, the husband reached under his wife's bed for a bottle of wine. From a shelf above the bed he removed a smeary looking tumbler, poured into it some of the wine, and with a beaming smile, handed me the drink. I was so pleased that I could truthfully say:

"But I don't drink wine," and I said it in a most convincing tone.

Yet because of the goodness that was in that man's heart he was determined to show his apprecation.

In a few minutes, Theresa, the oldest child came panting into the bedroom with a bottle of pop. Quickly the father opened the bottle, for he was afraid I might hurry away, reached up for another tumbler, and filled it. Then handed me the drink, with another beaming smile.

"This is my finish," I said to myself, as with difficulty I swallowed the beverage.

Surprising as it may seem, the seven children grew to maturity and were all healthy men and women.

The Negro people were most hospitable. I remember how they would take the corner of their apron to dust off a chair, not that the chair needed to be dusted, as they asked me to sit down. The confinements for these women were mostly easy, and often the baby was born before either the doctor or I got there. These mothers liked to see their babies dressed in pretty frilly garments.

How I admired those babies' eyes! Some were almost black, others a dark brown.

All the babies I ever bathed had black curly hair, - after the parents, of course. But the day came when I attended women with straight black hair. I was puzzled, because it looked so unnatural. Finally I summoned up enough courage to ask a mother:

"Whatever happened to your hair?"

She grinned as she said: "I combed the curls out with a special lotion that one can buy today."

"Well, I declare! and we white people are spending money to have curls put in."

Which just goes to show that very few of us are satisfied with our lot.

There were a few homes in this vicinity I was nervous about entering. To start with, I was kept standing at the door. I knew my knock had been heard, because I noticed some one peeping from behind a drawn blind. Before the door was opened I heard a bolt withdrawn then as soon as I stepped into the dark hall the door was again bolted.

"Why such secrecy?"

It was not long before I knew.

These were the homes, if one could call such dives by that name, where a liquor known as "Moonshine" was being sold illegally.

Before I was admitted the imbibers were pushed out the back door, and every appearance of the alcoholic beverage cleared from the kitchen. But they could not rid the room of the sickening smell which always nauseated me.

These were the places many respectable men frequented on their way home from work. They only intended to have a glass or two depending on the day of the week. If it had been pay day they were usually well intoxicated and most of their pay gone before they were shoved outside, usually after the policeman had made his midnight round. It was these men I was scared of meeting when I was on my way to a case in the early hours, for I was really frightened of any man the worse for liquor - not that I expected anyone of them would have harmed me.

When a particular husband whom I knew to be rather fond of moonshine made a fuss about taking a

dose of Epsom salts which the doctor had ordered, I was furious, and said:

"Good gracious, anyone would think you were a teetotaler, for this drink is mild, compared to that other stuff."

I would not have been one bit surprised if he had thrown the contents in my face.

In this area, for many years, my most effectual work was done, not in the homes, - as one might expect, but on the streets.

During the nice weather the majority of these people spent a lot of time out-doors. They would be up early to get their household duties finished before the heat of the day. Then bring chairs outside to rest and gossip. The houses, as well as the stores, were close to the gravel sidewalks.

As I approached them and saw bandy legged children playing around I would stop to pass the time of day, and then to ask:

"Are those children yours?"

The way some of them answered I could tell they were not pleased at being asked such an abrupt question, but I was not discouraged, and asked them another.

"Wouldn't you rather have your children with nicely shaped limbs instead of seeing them so crippled?"

"Oh their legs will be straight after awhile." the mothers would tell me.

It struck me as strange that they were so unconcerned, for I should have thought all mothers would want their children to be beautiful.

But as time went by the mothers changed their attitude and fought against this crippling disease. To straighten their children's backs they took away pillows, gave more milk, and when they learned that children needed fruit juices and cod liver oil, they gave it to them. Then when I had the opportunity of giving the mothers early prenatal visits, and teaching them the importance of looking after their own diet, rickets was another disease that disappeared from the district.

The Polish and Ukranian people were congregated in another section, - an area nearer the Steel Plant.

These people were very clean and thrifty. They kept miniature farmyards. It was not uncommon to enter the kitchen and find a hen, duck or goose sitting on a nest in a quiet corner or under the table, or to hear the chirping of little chicks already hatched. A vegetable garden was a certainty if there was the smallest piece of land available.

The children, were quiet and well behaved, they seldom cried, and were not bribed to be good, that it was a joy to work in their homes.

After their babies were born, two to three days were the longest the mothers ever stayed in bed. I was rather horrified about this, and called their doctor. He was not concerned, and said:

"You don't need to worry, that is their way in their own country. They will be alright. And so they were.

Instead of using sheets and blankets for bed clothes, they covered themselves with huge feather beds. These were not very satisfactory when giving a sponge bath, but somehow I managed, probably with a sheet made of sugar or flour bags.

Some of the babies had less than half a dozen diapers to their name. The one other garmet worn was a hand made shirt. To keep them warm the babies were placed on a soft square feather pillow. These and the feather beds were made from the duck and geese feathers. Three sides of the pillow were folded over the baby, keeping the arms down inside, a binder kept everything in place. This was quite an armful to carry around. The pillows would have to be frequently washed, for there were no rubber pants in those days to save the washing.

Chapter Five

When I was informed that I could have the month of August for my vacation, I wrote Agnes to ask her to arrange for hers at the same time; and that we go out west to visit my brothers. Agnes was delighted. We met when she boarded the train at North Bay. My, it was good to see her again. Our main topic of conversation was, of course, our work.

As we alighted from the train at Radison, Saskatchewan, and I saw Charlie waiting to greet us, I could hardly believe it possible that my dreams had actually come true.

My brother had postponed the christening ceremoney of his three year old daughter, who was called after our Mother, Annie Elizabeth, for he wished me to stand as Godmother. It was indeed wonderful that Agnes was also present to take part in the ceremony.

Notwithstanding the fact that my niece was so young at the time, she has a clear recollection of the incident.

An additional pleasure was Ernie's visit. He was at another farm, not far away, and, when he came, I saw a fairly tall man. However, his looks had not changed, neither his manner, which was always reserved. In fact, Ernest was so reserved he had not even mentioned his marriage. When his family was completed he had eight boys and one girl. As these all are married, with young sons of their own, there is no danger of the name "Dubbin" dying out for some time. What I consider as being rather remarkable, my eight nephews are all tall men, each averaging six feet.

I used to wonder what kind of a life Dorothy lived with so many brothers. With her three elder ones she probably had a good time. But, with the five younger ones, she may have been called upon to act like a mother when scarcely in her teens. A great deal of responsibility often falls upon one girl in a large family, so much so, that if the parents are not careful she may grow up with hardly any of the normal pleasures of growing.

When I noticed little girls were being kept from school, or from play to look after their younger brothers, I pointed out to their mothers that they

were being rather unfair, for the elder brothers should take their turn, or else the babies trained to stay in their cots.

Agnes was in Cobalt less than two years when she married. For this to happen to her was the biggest surprise of my life. "Well, well," I said; "The old fortune teller was not so wrong after all." But I did not mention this when I wrote to Agnes.

Now I was returning to Sydney after having spent my vacation in Cobalt with Agnes and her husband. I must confess I rather envied my friend for she had one of the nicest of men, and the dearest little home imaginable.

I had just settled down after leaving North Bay, when the night conductor said, as he looked at my ticket; "Lady, you are on the wrong train, and you will have to pay the extra fare to Montreal."

I was flabbergasted. Whatever was I going to do?

"But, if you take that amount I will have to starve until I get back to Sydney," I said, and I showed him what money I had in my purse.

"I'll tell you what I will do," he said after discussing the matter with another conductor. "I will take the amount from North Bay to Ottawa and leave you to the mercy of the conductor who will relieve me there."

Agnes's husband had told me I would have to wait four hours at North Bay. Going to the ticket office to receive a sleeper, I naturally asked if this was so.

"No, the train is in now," said the agent.

As this was his business, why should I doubt what he told me? Although I had changed into night things I could not sleep, and was sorry I had taken a berth. Then the curtains were drawn aside and I saw the conductor who had boarded the train at Ottawa. I explained my difficulty. But he seemed more interested in my looks.

"Have I seen you before?" he asked.

"I don't think so," I replied, "as I don't remember seeing you."

Now let me think "Were you ever in Ottawa:"

"Yes, but that was three years ago."
"With the V.O.N.?"
"Yes, I was."
"Now I know who you are", said the conductor, "although I saw you but once. You were one of the district nurses who attended my sister's baby. The baby was very ill at the time. My sister told me you were English, and how good you were with babies." Don't worry any more, when we get to Montreal, I will take you to the office and explain what happened."

He was true to his word. I recall how we had to hurry, for I barely had time to catch the Sydney train. Some weeks later the money I had paid out was refunded. I was a little worried about the ticket agent at North Bay in case he got into trouble. When I made the reservation he should have looked at my ticket, which was Canadian National Railway, and I had boarded a Canadian Pacific train. Until this time I had been quite ignorant about there being two railways.

I have always wondered what made the conductor recognize me, for I must have looked a sight with my hair done up in curlers.

I had put aside money for the extras needed on my return trip, but nothing more, so taking those few dollars did make a difference.

I had yet another train experience. This one was so fool hardy it was inexcusable. It happened when I was on my way to visit my friends in Toronto. I had been advised that when the opportunity was given passengers to get off the train for a brief spell, for me to take advantage of it, because this might help overcome train sickness.

Before we reached Moncton the conductor announced there would be a twenty minute wait.

After a few turns up and down the platform I stood to watch the crowd, but at the same time keeping an eye on the train. When I noticed it was moving I hastened across the platform to my pullman car, caught hold of the hand rails and hung on, with my feet dangling. Luckily the door was not closed, but the platform was down over the steps, and I had to work myself up over it and into the

vestibule. It must have been an interesting sight for those standing by, but I was so thankful I hadn't been left behind that I did not mind.

"What in the world did you do that for?" inquired a passenger who was just too late to help me.

"Because I didn't want to lose the train." I replied.

"Lose the train? Why, we are only shunting," he explained with a chuckle.

Mrs. Buckley was not pleased that I had made such an exhibition of myself, and asked, "Dubbs, whatever were you thinking about? Why, you might have been killed."

Mrs. MacDonald was delighted when Louise was born but rather worried because she was six weeks premature. As I opened the oven door to give her a warm olive oil bath I said to myself; "This is what I am going to love."

At the end of a busy day it was a relaxation for me to put Louise in the perambulator and go for a stroll along Victoria Road. This was the only time I could enjoy shop gazing, for I was much too busy all day. Such a variation must have greatly interested the neighbourhood pre-school children, for, when they saw me again carring the V.O.N. bag, they would ask, "Mrs. Dubbin, where is your baby today?"

My preference for little girls was due, no doubt, because of my early longing for a sister. But I became very fond of Ronald and Roderick, the two elder children. They were so good, and exceptionally bright. Already I could see the difference in the home training of the Canadian children. They were not suppressed. Too often the English children were told "They were to be seen but not heard."

I must have told Ronald, at one time, that his nose was into everything. One day while making a pot of soup, I said:

"I wonder what else I can put in?"

"Would you like my nose?" asked Ronald.

On another occasion I wanted to know the time, so I called; "Roderick, what does the clock say?" Quickly came the answer, "Tick-tock."

Then there was the time I had performed a slight

operation on Mr. MacDonald's throat.

One evening after I had returned from work, Mr. MacDonald complained to me that he had a bone stuck in his throat, and that it had been there since dinner.

"Eat a piece of bread," I said, "Perhaps it will embed itself in that."

As this did not help I looked down into his throat and could see the bone, shaped like a bow, with each end sticking into a tonsil. While I was considering how I could remove it I spied a bottonhook hanging on the kitchen wall. I slipped the hook under the bone and carefully lifted it out.

"Thank you," said Mr. MacDonald. But, after a while he added; "I don't think you would make a very good surgeon."

"Why?" I asked.

"Because you didn't sterilize your instrument."

"Probably because I didn't think it was necessary" I said. "But if you are concerned at all, put down that paper and go and give your throat a jolly good gargling with some antiseptic."

"All right Mabel," laughed Rod. "Don't get mad, I was only fooling."

Before the family moved over to town I had the pleasure of nursing Mrs. MacDonald when Loretta was born.

Anyone knowing Mrs. MacDonald would speak of her as being a mild easy going sort of a person, but I knew the will power she possessed when dealing with her seven children. Before Francis was born Catherine aged two years was not allowed in her parents' bedroom. After the birth of her brother she made no attempt to go there. Because of this previous training Francis was protected from the whooping cough.

I have remembered something else about Mrs. Mac Donald. She showed no signs of jealousy because of the amout of affection I received from her eldest daughter.

One day I found Louise quite a distance from her home.

"Whatever are you doing away down this hill Louise?" I asked, as I stooped down to hug the sweet three year old child.

"I was looking for you," answered this sober little girlie.

Chapter Six

It took me a few years getting accustomed to the Cape Breton winters, which were usually long, and could be expected any time after the middle of November. Then the snow came down gently, as was the way when we had any in the Old Country. But, the next month brought the bitter winds and blinding blizzards so that I could hardly see where I was going, and my eyelids would almost freeze together. Many a time I faced the storm alone. I remember how glad I felt when a man appeared and shouted; "What are you doing out in such a storm?" I thought at the time that it was necessary, but I may have been wrong. Because today, many a mother is up and about on the second day, so I imagine I could have been spared on the fifth.

A hand knitted navy blue woollen scarf was a warm friend, and saved my face from many a frost bite. When I discarded my high boots for low shoes, I wore long gaiters over a woollen stockings, and storm rubbers.

The day after a storm I would have to climb snow banks and slide down the other side to reach the front door. There were no snow plows, so, sometimes, it took days before a path could be shovelled out to the street. Some years the snow would be piled up on the sidewalks in early April. It seemed it would never go.

The jingle of sleigh bells high stepping horses, and the sound of crunching snow beneath my feet, always fascinated me. But, I did have a miserable time with my hands when I had to walk long distances between cases. In spite of warm gloves I would be nearly crazy with pain by the time I reached them.

On one occasion I walked around the kitchen holding my fingers tight under my arms. I had tried all the suggested treatments but nothing helped. A little girl of five years noticed my tears, and said; "It won't be nearly so bad going back."

I suppose she had heard others say it, but she was right. I had my back to the harbour instead of facing it.

I think Doctor Eddy liked company as he drove around the Pier district, for he would always stop to give me a lift. During the day I would have

preferred walking, for the doctor was such a big man, and with his heavy fur coat, he took up a good three quarters of the seat, so that I must have looked ridiculous sitting up in the buggy beside him. But, at night, I was only too glad of the ride.

We had a call on one of the coldest nights there was, and the horse could not hurry because he had a steep hill to climb. My hands began to freeze. As soon as we entered the home the doctor hurried upstairs, and I walked around the kitchen going through the usual painful procedure before I could remove even my coat. Rather annoyed at my lingering, Doctor Eddy called downstairs:

"Come on. Get up here."

"You will both have to wait," I called back, "I am useless right now."

One winter a nurse who had relieved for me had both ears frost bitten while making a call on Shore Road. Calling to see me, she asked; "How do you stand it?" I wouldn't do this kind of nursing for all the money in the world."

"Neither would I," I answered, "unless I loved the work; and were suitably clothed."

But it was the freezing rain storms which left the streets covered with ice that I dreaded, for this made me panicky about starting out. All day I was just going at a snail's pace, so that it was often evening before I returned back to my room. Although I was cautious, I had a few painful falls, but none of them had enough to keep me from my work, and I was always so thankful I never had the misfortune to break a bone. It was many years before creepers were on the market. With those fastened to the bottom of my rubbers I had all the confidence in the world. But they did make a noise. A little fellow who had passed me on the street, told his mother I was walking lame, and that all my bones were "cracking."

In the spring time the streets were often in a dreadful condition, even rubber boots were not very good. On one occasion I recall gettting into an embarrassing position when I tried to cross from Broadway to St. Ann Street. Instead of reaching

the other side I went so deep into the soft snow I could not get out. A Mr. Fraser, noticing my predicament, came out of his house to render aid, but he also got into the same plight. Very few people were out that day, so we had to do some shouting to attract attention. Eventually we were rescued. What an amusing picture this would have made!

On another occasion I attempted to get to a side street from the main one and this time, went up to my waist in water.

Fortunately the house was near by, but it was impossible to work in such a state, so I called to tell the family to try to manage without my services for that day. Then I returned to my room to get dried out. That wasn't easy because a heavy winter coat didn't dry in five minutes. It was an awful mess to take into anyone's home, - and what a waste of precious time! After such unpleasant and wet experiences I would not have been surprised if I had nearly died with a cold. Why, I didn't even have the "snuffles." But a thing that did surprise me was, I never had the chilblain. When I remember my own misery and of others in the Old Country who suffered because of them, I have found this hard to understand. Perhaps it is dampness, lack of warm clothes, and cold homes that causes them, and not the zero weather.

When a husband of one of my patients suggested I hire a horse to save my walking through so much slush, I thought his idea a good one.

"But I know nothing about horses," I said, "and have never driven one."

"Oh, that makes no difference," replied this interested spouse, "anyone can drive a horse."

I thought differently though, as the frisky little mare tore down Henry street. Pedestrians stood and watched in awe expecting any moment to see me thrown out and killed. I was not frightened, and thoroughly enjoyed the exciting experience, and so did the children as they stood and gazed after me. But when I needed a horse again I went to another livery stable where I thought I might get a quieter one. "Hold her in well when

you turn a corner," warned the owner, "For that's the time she goes like the wind." Neither of these horses liked standing, and when I came out of a home an hour or so later they had wandered away. Even the heavy weights had failed to hold them. As I didn't consider this kind of transportation suitable I gave it up.

I thought afterwards what a bold thing that was for me to do, for those were valuable horses. Now I am surprised that Mr. Manson and Mr. Campbell ever allowed me to take them.

What I missed more than anything else were the beautiful springs which I was accustomed to in England. I had been taught to love flowers, and always had a piece of land of my own to grow them. Then too, all my past nursing years were spent in lovely surroundings. Now I was living in a place where there were neither flowers nor trees. When I asked the reason I was told nothing would grow because of the fumes from the Steel Works. But I don't think that was so, because years later flowers and trees were growing without any difficulty; and there were also good size vegetable gardens. The residents may have become discouraged because of the cattle that were allowed to roam. It was a few years before there was a pound, and a keeper to take care of that problem, and a few more before the city officials prohibited cattle being kept within the city limits.

Sometimes, as I passed homes to reach the more scattered ones a mother would call from her doorway, "Come on in for a hot cup of tea."

"No thanks, not today," I would call back.

I know these mothers were disappointed, because I had refused their hospitality, but, as much as I would have enjoyed a brief rest in their cheery kitchen, I could not spare the time. Besides, I was particularly careful that no one should accuse me of favouritism, for I could not accept one invitation and refuse another. For an English person I know I was an exception rather than a rule, because I did not enjoy tea just for the sake of drinking it.

When mothers knew I was getting my own meals, and

the season for eggs was good, they would force a dozen or more upon me.

"These are strictly new laid. You will enjoy a couple for your supper," said a generous hearted mother. She could ill afford to spare them for she had a large family, while I could not refuse them too strongly for fear of hurting her feelings. Some of the eggs I could not relish, because I had seen the hens drinking soapy water from the gutter which ran along the side of the house. "I was fussy all right", and I am afraid the story does not show me in a very favourable light, for I would leave them at a home where I knew fresh eggs would be appreciated. In fact, I was very much like the person who accepts gifts of mushrooms, and fearful that they might be toadstools, passes them on to someone else.

One day as I opened a door leading into the back porch of one of the homes on the outskirts, I found my prenatal patient busily engaged in bathing a young pig. I was so surprised I forgot to say "good morning," and instead exclaimed, "Good gracious Mrs. Clarke, I never expected to see a live pig getting a bath!"

"You would see plenty if you lived in Newfoundland, for down there the people are very partiuclar about keeping their pigs nice and clean," explained my patient. With that, she lifted her twelve dollar "porker" out of the tub, and dried him with a big rough towel; saying as she did so, "You go on inside, I will be with you in a few minutes."

Many new families were coming in from Newfoundland. They bought staple food in large quantities; flour by the sack or barrel, sugar in one hundred pound bags- molasses, or as I called it, treacle, by the gallon. Most of the pork, which they raised themselves, would be salted down. They ate these things during winter months along with salt cod and the occasional piece of fresh meat. I did not think the dried fish looked either nourishing or appetizing, but after being well soaked in several changes of cold water, it was quite tasty, especially when fried with pork scraps.

Back in the Old Colony many of the people lived

in the outports and would be isolated during the severe winters. Of necessity they had to lay in a large stock of food in order to survive, and they brought this habit with them to the Pier.

Saturday was usually bath night for most of the children in the district. The younger ones would be given theirs right after supper, while the older ones would take theirs later.

Preparations were started earlier in the afternoon. The largest pots, ususally of iron, were filled with water and put on the stove to heat. The wooden tub would be brought in from the back porch and placed in the middle of the kitchen floor and the hot water carried over to it. Unless cold water was put into the tub first, this could be dangerous with small children playing around. When I saw this happening I would tell the family about the tragic accident which had been related to me when private nursing.

In the early years it was indeed a chore for families without a bathroom and running water to keep their bodies clean. For in some homes the water first had to be pumped up, which was not always easy.

I remember a patient who was alone when I went in to give her treatment. Some one had neglected to fill the buckets. I was used to such things so I went to the pump and worked the handle up and down. I pumped a few times and nothing happened, so I pumped harder. I was determined the pump would not get the better of me, but work as I would not a drop came out. Then a voice called. "You will have to prime it first."

"Prime it? Whatever is that," I called back.

"Take the bottle of water, which you will find by the sink, and pour some of it in at the top of the pump, then quickly work the handle up and down; the water will come."

"Be sure to refill the bottle, so as to have water ready for the next time it is needed," called out my patient.

What a lot I was learning!

Chapter Seven

During the fall of 1918 news from the War Office was certainly brighter, and as the weeks passed there was a great deal of talking about an armistice being signed, so much so that our minister at the Sunday evening service said, "Come to church whenever you hear the whistles, even if its three o'clock in the morning."

It was around six a.m. the next day, when the whistles awakened me. As I hurried along Victoria Road I was overtaken by other members of the Methodist Church. It was a raw, cold, damp, morning; nevertheless, the small organ was carried outside the barnlike building and placed on the platform close to the front door. It was not a large crowd that had gathered there, but one that could sing from the very bottom of their hearts the well known hymn, "O God, our help in ages past." This service was conducted by the Reverend A.W. Dycer, and he was the first clergyman in the city to have a Thanksgiving service on Armistice Day, November the eleventh, 1918.

I was indeed thankful that the war was over for it had been quite a strain waiting for news. Charlie had been in France for almost three years, and it was while I was walking around the district that I did most of my praying. When my brother wrote that his horse had been killed and he was unharmed, I knew my prayers had not been in vain.

But there was much sadness at this time, and all the following year, due to the terrible toll taken by the "Flu" epidemic, which was raging throughout the land. In the Pier district hardly a home escaped. Even the healthiest were stricken, for there seemed to be no immunity.

I now had a housekeeping room in the home of Captain and Mrs. Steve MacDonald, and on the same street as Doctor MacRae. I had known his wife before her marriage. We had worked together on a special surgical case while she was a private nurse. There was no hospital in the city at the time for it had been previously destroyed by fire. Most of the cases requiring major surgery were sent out to the Glace Bay hospitals, a distance of twelve miles, but there were a number of operations performed in the

homes until the opening of the new city hospital a year or so later.

Again I was fortunate to be living near friends who liked to have me over for a Sunday dinner. This particular Sabbath Mrs. MacRae who was expecting her second child, asked the doctor; "when you die, Billy, where do you want to be buried?"

"Why, Baddeck, of course."

"Then I will be buried in Baddeck also."

A few evenings later I had barely returned to my room when the telephone rang. It was Mrs. MacRae.

"Will you go with me to the first show at the Capital?" she asked. This was the age of the silent pictures.

"Yes, if you really want to go." I answered, although it was the last thing I felt like doing that cold evening in December. I was tired, and had not eaten. Quickly I changed and made a cup of tea, but, before I had a chance to drink it, Mrs. MacRae was at the door, for she wanted to catch the "Twenty-after-six tram, which would stop right at the corner of James street.

While we were walking home, Mrs. MacRae told me she had been feeling very depressed but the change had done her good. Then she added, "Thank you for coming with me, and good night."

It seemed incredible that this should be goodbye, but that's what it was, for I never saw Mrs. MacRae again.

When I recalled the previous conversation at the dinner table I felt convinced she had a presentiment of what was going to happen. She must have caught the "Flu" germ the evening we were together, but how had I managed to escape, for it is usually the tired and hungry person who is the easier prey?

Mrs. MacRae's little daughter was only fourteen months old when her mother died. It was indeed a pity Isabel was too young to remember her saintly mother.

Albuminuria is a complication of pregnancy. Some women developed it as early as the sixth month and others not until the last month but whether early or late, daily treatment had to be given to help throw off poison from the body which the kidneys had

neglected to do. The danger signs were swelling of the hands and feet, and a scarcity of urine. In severe cases patients would pass only a few ounces in a twenty-four hour period. Headaches and spots before the eyes were, as a rule, the first warning that something was wrong.

This condition was helped by getting the skin of the whole body to work. I regarded giving this treatment as a very serious responsibility because, if not successful, convulsions may have occured.

Usually hot packs were ordered for this kidney condition. Blankets were wrung out of boiling water, the steam shaken out, and the naked patient quickly rolled over a half of the blanket, the other half being brought up over to cover her. More blankets or quilts covered the patient. Hot bricks or hot water bottles were already in the bed. This was repeated until the patient perspired profusely.

Wringing out the blanket in a sheet was a task for two people, and hard on the hands. Each had to wring in the opposite direction until every drop of water had been squeezed out of the blanket.

Doctor MacRae's method was so much more effective, and besides that, I was able to give the treatment without any help.

A chair was needed with a perforated bottom. There were not too many of these chairs around. Sometimes one could be borrowed, if not, the husband would have to go around the different stores until he found a spare seat. I don't know why they were sold separately, but there were a few stores who stocked them. Then the seat of the old chair was taken off and replaced with the new perforated one.

A bucket of hot water was placed under the chair, and a thin covering over the seat. The patient sat on this without clothes as near to the stove as could be without discomfort, and with her feet in a wash tub of hot water. Blankets were placed around the patient, as well as around the chair and tub. In this way the steam was kept in and the patient entirely enveloped, as in a turkish bath. It usually took from ten to fifteen minutes before the patient started to perspire. How I worried in case they were <u>not</u> going to! I never left the patient

alone, for often they complained of feeling weak. To help overcome this, I gave frequent drinks of cold water. I would persuade the patient to remain for twenty minutes to half an hour.

Hot water bottles or hot bricks which were covered, were placed in the bed, and another woollen blanket put in the bed to keep warm. I then dried the patient, put on her night gown, and wrapped the warmed blanket around her. When in bed she was covered with more blankets and quilts. In this way she continued to perspire freely. Later, she would be changed and dried. Many times I could have done with a change of underwear, yet I don't remember any ill effects as I stepped out into zero weather.

Other patients, besides maternity patients were given the treatment. Johnnie Weatherbee was a little lad of six years when I gave him sweat baths.

"His kidneys are in a bad way," said Doctor Mac Rae. The treatments were carried out daily until the ailment had completely cleared. His diet was milk, and nothing else.

It was very hard for Johnnie to understand why he could not have other food. One day, when the family were having baked beans, he asked for some, but was told he could not have any.

"Just one bean," he pleaded.

"No," said his mother. "One bean would do you no good, and it might do you a lot of harm."

Unless a child has been taught obedience, and understands that when his parents say "No" they mean it, it is extremely difficult for them or anyone else, to nurse a very ill child back to health.

I had not seen a fatal case of puerperal eclampsia, which is the technical name for convulsions until the day I received a call asking me to hurry to a mother who was "in a fit," according to the one who was calling. By the time I reached the home the mother was dead. She was lying on the kitchen floor surrounded by her four children who could not understand what had happened to their mummy. Neighbours were trying desperately to contact a doctor, and to get word to the husband who was working at the Steel Plant. Telephones were so scarce at this time that no one could be reached immediately.

Therefore, those who had been busy telephoning were shocked when they returned to the home and were told Mrs. Roper was dead.

All this trouble and sadness was brought about because the mother had neglected to engage a doctor; and she, nearly nine months pregnant.

Maisie the eldest child was only eleven years old when her mother died, yet she had to leave school to look after the three younger ones, so as to allow her father to work.

When I was in the vicinity I would drop in to see how they were getting along.

Another tragic case was a mother who was taking convulsions several hours after the birth of her baby. I was not at the confinement and the doctor had been assisted by a midwife. From nine a.m. until early evening Doctor Cowperthwaite and I worked to save the mother. It was heart-breaking that our efforts were in vain. The patient could tell when another convulsion was coming, for she would seize my hands, and cry out beseeching me to pray for her.

This mother had so much to live for. She had a lovely home, and so many friends who were eagerly looking forward to the baby's arrival; - the second child after a wait of several years.

The funeral was the largest I had ever witnessed up until that time, because this Canadian way was so different to what I had been accustomed to - when those who mourned were left alone with their sorrow, and only relatives attended the funeral. I recall that the Whitney Pier Salvation Army band preceded the hearse, and played the mother's favourite hymns. There were few dry eyes in the district that Sabbath afternoon.

This tragic death left a lasting impression. For I did not know, until then, that convulsions ever occured after a mother had been safely delivered of her child. So from then on, every mother was given a hot water bottle, and if she had been receiving treatment beforehand, hot bricks were ready to be placed in the bed as soon as the confinement was over. Mothers would complain about being too warm, but that made no difference. "A good sweat will do

you the world of good," I would tell them.

The case just recorded, was the only one I attended who died because of "puerperal eclampsia."

In some cases the cause of albuminuria may have been due to "over-eating." For one patient told me she used to eat as many as five eggs at a time.

"Whatever for?" I asked, "To eat so much is only a waste of food besides endangering your own life."

"But there are two of us to be fed," she replied, and I want to have a big baby.

This was another old time theory; which also died out.

If the call was for convulsions I would be given the usual instructions. Convulsions in children are frightening at any time, more so at night. They may mark the onset of an illness, but, from my experience as a district nurse, I would say improper feeding was the chief cause.

When the fathers worked the day shift dinner would be in the evening, around six o'clock. This was usually a big, substantial meal, and perfectly all right for a husky, hungry man, but not for the two and three year olds who were put to bed with a bottle of milk. I used to warn the mothers about the danger of this.

"Why don't you take away the bottle," I asked on several occasions.

"Becuase the baby won't go to bed without it." I was told.

So when I arrived at a home and saw all the excitement, neighbours having been awakened, and the mother walking up and down wringing her hands, I was cross, because I felt all this suffering was so unnecessary.

However, I was soon busy with the enema bag. When I saw all the undigested food which came from that child's bowels I was really astonished and said, "I am not at all surprised at your child having convulsions, but it does surprise me that she is still alive."

While I had been giving the treatment neighbours had prepared the bath, the heat of which I tested with my elbow. When the father came in with ice this was put into a rubber water bottle, (which took the place of an ice cap) and was used instead

of the cold cloths which we had kept to the child's head. This was a lovely child of two years with a mass of fair curls. When I took her out of the bath I dried her and wrapped her in a warm blanket and put her back into her crib. Then if she took another seizure she was all ready to be given another bath. The pots of hot water were kept in readiness for another twenty four hours. After that we felt all danger was passed.

Then there was the whooping cough, another harassing disease which I knew very little about for my brothers and I never had it, neither had I seen a case while at Babies' Castle. But going around the district I saw plenty. What a dreadful sickness, not only for the child, but also for the parents! Week after week no one had a proper night's rest, and, because the children threw up nearly everything they ate, they became terribly thin, and mothers were worn out with so much washing. Piled on top of this there was frequently the complication of bronchial pneumonia.

In one home, where I was making regular prenatal visits, the four children, one after the other, came down with the cough. Before the baby was born arrangements were made for a relative to take it out of the house as soon as possible after the birth.

As soon as the delivery was completed I bathed the baby in the bedroom, wrapped him up warmly, and handed him to the waiting aunt who left immediately. This all took place within less than two hours, yet, in a few weeks, the infant was coughing and whooping. The mother had not been troubled with the disease during pregnancy, so the baby could not have been born with the germ. It would appear that the minimum of exposure is all that is necessary to contract whooping cough.

I remember a sturdy little girl about five years of age who died from the effects of whooping cough. Because I happened to be passing the house the mother called me in. "I would like to have your opinion," she said. Well, this was something I did not do, go around the district passing my opinion. But I did notify the doctor that Patricia's

respirations were above normal, which however, he did not regard as serious because she had no temperature.

More than once I have asked myself "Why do doctors depend so much on a temperature when there are also other factors to be considered?"

I remember it was in the middle twenties when I attended thirteen cases of typhoid fever, and all at one time. Five children, in one home, were ill together. Milk may have been the cause of so many cases, at that time, because the other patients I attended were scattered. With maternity cases, and other miscellaneous visits, it was not possible to make a daily call to so many, therefore a member of the family was taught how to carry on until my next visit. At another period, two different families were stricken, but both were using water from the same well. Now and then there would be an odd case. A few years previously there had been a bad outbreak of the fever, and as I contacted new families, they would tell me a mother or a father, or some other relative, had died from it. But this time there were no deaths, so perhaps the germ was less virulent.

Some of the doctors now allowed these patients to have a soft diet instead of a strict milk one. This made the diet less monotonous for the patients, and less worrying for me and the relatives who were helping with the nursing for we heard no complaints about, "being starved." However, the families were well warned against the danger of giving anything solid. I told and retold them of the incident that happened during my training days. How the wife had taken a pork sandwich to her husband because the nurse would not give him anything to eat, and that this interference on the part of the wife had been the cause of her husband's death.

I was full of pity for Mrs. MacLennan, the mother of the five children, for she was on the go day and night. The bed clothes had to be soaked in a disinfectant before being washed, the dishes boiled, and a strong disinfectant poured over any excreta waste before it was emptied down the toilet.

As I went in and out of the homes of these fever

patients, I was forever saying; "Do be careful of your hands." My helpers must have carried out all instructions most carefully, for not one of them contracted the disease.

Men were far more susceptible to pneumonia than women and were the ones who caused me the greatest anxiety, especially those with several children. Because should they die, there would be no compensation for their widows, children, or aged parents.

I could never have nursed them back to health without the splendid co-operation I received from their wives, mothers and friendly neighbours. I explained to them the necessity of keeping a window open so the men could have sufficient oxygen. But they found it hard to understand when I told them a sleeping patient should not be wakened even though it was time to give him his medicine.

"But the doctor said I was to give it every four hours, and that's what's written on the bottle," a wife complained.

"Yes, I know," I replied, "yet sleep is so much more important, and a doctor expects every trained nurse to know this. Now I am passing it on to you, for it is something you, too, should know and remember."

Because I had so much faith in water, my final order, as I was leaving a patient, would probably be, "Be sure to give him plenty of drinking water."

The treatment of these patients kept one busy until after the crisis.

On my initial visit I would make two pneumonia jackets. These were made of absorbent cotton and cheesecloth, non absorbent cotton would not have soaked up the perspiration, which was usually profuse, with such cases.

There were some doctors who ordered linseed meal poultices, to be applied to the chest and back every four hours; while others preferred mustard plasters to be applied only to the chest, or to the source of pain. Mustard plasters were less trouble to make, and they could be applied without disturbing the patient. The proportions I used for the plasters were three tablespoons of flour to one tablespoon of mustard, if the mustard was a pure product. One

doctor would name the brand of mustard he wished me to use. I used tepid water to make the paste, - cold would have been too much of a shock for the patients; - and the paste was spread between old soft rags. These plasters were left on for ten to fifteen minutes or until the area had become reddened.

After some years, a new product, - antiphlogistine, was used instead of the linseed meal and mustard.

All cases of diptheria, scarlet fever, scarletina, infantile paralysis, and spinal meningitis, required a house to be quarantined. The family doctor would notify the Health Officer. He, in turn, would order the police to quarantine the home. This they did by nailing a large placard on the outside door. The card would have the name of the disease on it.

Inside the house the following rules were to be observed:

1. A sheet wrung out in some disinfectant to be hung over the door of the patient's room.
2. A gown to be worn when attending the patient.
3. A basin of disinfectant solution to be used for washing the hands.
4. The patient's dishes to be boiled.

The above rules were considered necessary to prevent others from being infected.

Chapter Eight

"You have already been several years in Canada and we think its about time you were having a trip home," wrote my father. But I was such a poor sailor I was not a bit keen on taking one.

However, as arrangements could be made for me to have three months leave of absence which would give me Christmas over there, I decided to go. I wished afterwards I had waited for another month; for one can be sure, in the Old Country, of fog and rain all the month of November.

It didn't take the Customs Officers long to go through my small trunk. It was the same one that had accompanied me to my private cases. The fabric must have been the cheapest of its kind, because when it was of no more service I broke it up and put it into the furnace fire. As I did so I thought, "What a sad ending for a trunk that had gone into so many magnificent homes."

But there were two travellers who did not get off as easily as I did.

One was a dear old soul who had most of her belongings in a large wicker basket. I thought it was outrageous the way the officers upset her things. For they never troubled themselves about putting them back.

The other was a man who was taking home some Canadian apples. They turned the boxes upside down, and apples were scattered in all directions.

When I told my father about this, he said, "I think the officials must have been looking for "firearms", becuase of the uprising in Ireland over Home Rule. They evidently were trusting nobody."

Armistice Day, 11th November, 1921 - Dad, my stepmother and I journeyed early from Walton to London to attend the Remembrance Day ceremony. We were fortunate to get quite near The Cenotaph in Whitehall, but oh, the crowds! People were surely jammed together, yet a mounted policeman rode through, if necessary. For the two minutes silence people stood rigidly at attention, and all vehicles came to a stand-still. When the awful strain was over, people began falling right and left - but the St. John's Ambulance Corps, and others were ready for this emergency. I glanced at Dad; he was as white as a

sheet - "Put your head down Dad", I said quickly, while at the same time I forced my own down, for I had no desire to be a street case. My inability to stand for any length was still an annoying weakness. As soon as the masses began to move we made our way to one of Lyon's famous restaurants, where we were soon revived with a crusty roll, a pat of butter, and a good cup of hot tea.

I visited my relatives who were scattered in different parts of London. How excited they were to hear all about Canada. One thing I made clear to them was, dollar bills did not grow on trees, as some of the English people imagined.

I accepted an invitation to visit my friends at Hawkhurst. Mrs. Piper and I had corresponded regularly, and she had told me so much about her two young sons Roland and Harold that I was eagerly looking forward to seeing them.

I also visited Babies' Castle and had afternoon tea with Sister Elliott. She was keenly interested in hearing about my work as a Victorian Order nurse.

When tea was brought in she asked, "Which will you have, bread and margarine and jam; or bread and butter, and no jam?"

As I did not like margarine, even with jam, I said I would take bread and butter. I realized then how very spoiled I had become; for Canadians ate jam like stewed fruit.

Then I paid a brief visit to my training school. This may seem surprising, but Miss Huggins was now Matron. When I started my training Miss Huggins was a senior staff nurse. How she talked to the probationers, and made us see the importance of giving our very best to the profession! We were never embarrassed by her, but taken aside, and told of our mistakes and failings. Becuase of her fine Christian principles, I rather expected her to become a missionary.

What alterations had taken place since my day!

The name, "Isleworth Infirmary" had been changed to "The West Middlesex County Hospital." After a chat and a cup of tea, we visited a few wards. I was more interested in the children's ward, for there I saw many excellent improvements. After

going through the ward, Miss Huggins asked me to wait outside; while she went back in again. Returning, she asked if I knew the reason, (testing my power of observation.)

"Yes, I think I do," I said.

A little patient with a steam kettle, had turned over, and was not inhaling the steam. The nurse should have turned the child back again or taken the kettle around the other side of the cot.

I kept in contact with the hospital through the "Isleworth Nurses League Journal" until my retirement. Miss Huggins also retired in the same month and year. Then my interest ceased.

The following citation is taken from the Journal, dated, 1946-47;

"Miss Huggins, for many years, was an examiner for the General Nursing Council, and practical examiner to the nurses of Acton Hospital, a member of the College of Nursing and Royal British Nurses Society. After qualifying at the Isleworth Infirmary, Miss Huggins took up private nursing, but, after a year returned to this hospital and held successfully the posts of Ward, Night, Theatre, Massage and Midwifery Sister. She took Housekeeping training at the Brompton Hospital, where she also received special training in the nursing of tuberculosis patients, and was promoted to Theatre and Gallery Sister, which position she held when invited to take up duties as Matron here in September 1915. Her efficiency, likeable disposition, and her constant efforts to improve nursing conditions made her popular with all members of the staff. Among some of the improvements was the introduction in 1919 of the schedule which gave each nurse at the hospital one day off duty every week, instead of each month; the arrangements in 1920 providing for night nurses to have their meals in the staff dining room, instead of the ward kitchens, as had been the practice in the past; the introduction the same year of the three months preliminary training school for nurses; and in 1936, bringing into effect the forty-eight hour week."

Chapter Nine

As the S.S. Saxonia docked at Halifax, the middle of January, 1922, I realized how glad I was to be back in Canada. I had missed the warm Canadian homes; in fact, I was wretchedly cold all the time I was in England. Christmas was not the same either, because I was lonesome for the MacDonald children, especially Louise. But now I was back, and longing to be at work again.

Then I saw Doctor Buckley, a very busy man, yet one who could always make time to welcome a friend. I accepted his cordial invitation to spend the week-end in Halifax. "To get rested up," said the doctor.

Miss Buchanan was on the V.O.N. staff in town, but lived at the Pier during the three months she relieved for me. How delighted she was to see me back!

"With so many night calls, and so much walking in the severe weather, I am thoroughly tired out," she said.

It looked as though Dr. F. MacAulay had waited for my return, because I was on duty less than a week when he reported a patient suffereing from advanced tuberculosis.

"The man is living in a shack behind the fire station; I am sorry about the condition of the place, do the best you can; the patient cannot live much longer," said the Health Officer.

The shack was the worst I had seen up until that time - reeking with smoke and contaminated with germs. There were other "Shackers" nearby who spoke very little English, so they were of very little help. Their attitude seemed to be "why bother, he die, maybe soon."

The patient lay coughing and spitting, so that my hands came in contact with sputum over the bed clothes. I demonstrated what the clean rags were for, by coughing into a piece, but the man was too ill to co-operate. This condition was bad enough, but the patient also had diarrhoea, and only two pair of drawers.

There was an old pot on the stove which I had to use for heating water and also for a wash basin. After I had washed the patient I poured the used water into an old dirty bucket in which I soaked

the drawers. Then after heating more water, I proceeded to wash them. All this took up so much time that I left the patient for later afternoon visits. As I hung up the washing over the smoky stove the patient would say, "Thank you, missie, thank you." After giving him bedside care for nearly three weeks, I was met on the stairs and told, "Man in box, he finish."

For many years tubercular patients were nursed in their own homes. As a rule most patients were very careful, especially when children were around. They used rags and paper bags, and kept their dishes separate.

There were often one or two disagreeable cases, such as the one mentioned, that had to be given treatment every day, and for months at a time. But there is only one I remember as being actually repulsive.

A Steel worker had lost a leg because of gangrene. When the other one started to go the same way the doctors advised the patient to have it also amputated, as they could do nothing to save the limb. However, the patient would not consent. He left the Steel Company's Emergency hospital and returned to his rooming house. It was then my services were required for the dressing. The foot became so decomposed it sloughed off. How the landlord and other roomers could tolerate the stench I don't know, because I was aware of it before I was even inside the front door.

Thank goodness, there was always an ample supply of dressings sent out from the hospital. After a long period the patient returned to the hospital for the amputation. When I saw him getting along so well on his two stumps I felt somewhat vexed with the doctors. Why hadn't they insisted that he have the operation months before?

But there was nothing unpleasant when I was caring for children.

Children, as a rule were splendid patients. Very rarely did I have any difficulty giving them treatment, and I attributed my success with them to their mothers, because so often I had heard them say, "Here comes Miss Dubbin to make you better." I

remember a small child saying, as he climbed on to his bed. "Are you going to give me an enema to make me better? But when I was unable to give successful treatments for certain diseases I was greatly disturbed.

Like the little girl with Chorea, - St. Vitus's Dance, a disease causing convulsive motions of the limbs, and strange gesticulations. The poor child was hardly ever still. Drugs helped for a time, but the attacks recurred more frequently and Audrey became weaker and weaker until she was beyond all human aid.

Neither could I do very much for the child that had been discharged from the hospital. The doctor telephoned to tell me the child's leg was in a cast, and that he would like me to visit her occasionally to see how she was getting along. A few days elapsed before I made my first visit. The mother appeared to resent my calling and had very little to say when I entered the home and removed my coat and hat, and proceeded to wash my hands.

It was when I asked to see the child that she blurted out:

"My husband took the cast off."

"Your husband took the cast off your child's leg?" I asked in utter astonishment.

"Yes, he did," she replied, "because he couldn't see how it was going to do any good."

When I turned down the bed clothes I was surprised to see the child's legs drawn up and crossed - the right knee over the left. With difficulty I uncrossed them. I gently massaged them, and gradually, very gradually straightened them.

I explained to the mother how important it was for the legs to be kept straight, and that her child would be a cripple if she didn't see that they were. I showed her how to fasten the feet to the foot of the bed to ensure that they would not be crossed again.

I notified the doctor as to what had happened. "That explains," he said, "Why the father was so anxious to have the child home from the hospital."

A week or so later I made another visit. The mother had not done what she was told to do, and the child

had again crossed her legs. This time I could not uncross them. "Have you called your doctor?" I wanted to know.

"Yes, but he won't come, and told us to get someone else."

"Well, you could hardly expect him to, for that was a terrible thing for your husband to do. But for your little girl's sake; Do as he said," I pleaded with the mother, "and call another doctor."

Several months had passed before I saw Josephine again. She was on the street and walking with her legs crossed.

I stood and watched her for awhile, amazed at the way she was getting around. She seemed to walk on her toes. Although this child of eight had adapted herself to her unfortunate circumstances, I was seething with indignation at the behaviour of her parents.

Years later, I heard (indirectly) that Josephine had been sent to Halifax for treatment and had married.

It troubled me when I had to dress a burn or a scald, because usually the sufferer was a small child. The accident may have been caused by carelessness, or to save some expense.

I recall how a little girl would hide when she saw me coming, and cry out; "Put a piece of 'wag' on it."

Lillian was wise enough to know she would feel more comfortable after the dressing had been changed. But, it required a great deal of coaxing on the part of her mother and myself before she would come from under the kitchen table to allow me to do that.

This accident was the result of the parents saying they couldn't afford a new kettle. Then one day the mother tripped as she was carrying the saucepan from the stove to the table. All the money that was spent on doctor's bills, dressings and salve was considerably more than the price of three kettles, not to mention all the suffereing.

Fractures were quite common, especially with so many children in the district. Bones were set at home, until the X-ray became in general use.

Angus was a little fellow whose father was Fire Chief. One day as he ran from the station into the

road, he was knocked down and run over. His right femur was fractured, also a bone in his left leg.

Doctor MacRae explained to the father that he wanted a frame made so he could erect a pulley. With one leg in the air, and the left one also in a cast Angus could not move around very much. It was my business to see that he did not get any sore spots because of pressure. When Agnus was around again, we could tell the bones had knitted together perfectly, indicating that Doctor MacRae had done a wonderful job.

Adrian was another small youngster who also fractured his right thigh bone, but at a later period, which was rather fortunate, because the frame and pulley were not in use, and could be borrowed. This child was up less than a week when he fell over the cat, and dislocated his right shoulder.

It was the medical cases which were responsible for many night calls. I remember one evening when seven calls came in one after the other. Sometimes a doctor would say;

"Will you give the patient an early morning visit." But more often he said:

"I wish you would give the patient a visit this evening." After some years doctors were asked by the V.O.N. Board to have, if possible, these calls in before five o'clock.

There were of course, emergency cases when tomorrow morning would be "too late".

It was around ten o'clock when a Mrs. MacDougall called, "I wish," she said "you would come over to take a look at the baby. He seemed to be perfectly well all day, but now he cannot cry or nurse, and Doctor MacRae is in Baddeck."

"Very well, I'll be right over." They lived on the next street across from the MacDonalds, and were great friends of the doctor. The weather was severe, and many people were ill with colds, so I suspected this could be the trouble, although I hoped not, for Joseph was only a month old. With the parents' consent I put him into a warm bath, while the mother stood by ready to add more hot water as required. With the baby resting on my left arm, he was immersed almost to his neck, and

with my free hand I kept the hot water moving. In about ten minutes the infant coughed, and cried.

"Thank God," said his mother. Often I felt like saying, "Thank God for hot water." It is interesting to relate, that this baby is today a prominent doctor and the father of ten children.

While I was living in the home of Captain and Mrs. MacDonald a sad and unforeseen death occurred. Johh, the youngest of five children, and two years old, was put to bed one night in apparently good health. It was about one a.m. when Mrs. MacDonald came into my room to tell me that John was screaming as if in pain.

"Well," I said, "We had better give him an enema." I hesitated about doing this because it was a cold night, and there was no furnace heat, due to the fact that the spring cleaning had been completed.

John must have been in rather a peevish mood, for while he was on the chamber in the bathroom warmly bundled up, he said:

"I'm going to tell my daddy on you." It so happened his daddy was home at the time.

There was a good result from the enema, and John was put back to bed. I didn't hear him cough nor did he appear to be congested. His pulse was good and rectal temperature a 100F degrees, which is always slightly higher than when registered by the mouth. Two hours later I was called again.

"Hurry up," I called to the Captain, and get the kitchen fire going so that I can give the baby a hot bath."

An enema and a hot bath were "standing orders" of Doctor MacRae, (for the sickness of a very young child) and if no improvement was noticed, then he was to be called.

As I was about to put John into the bath, he gave a gasp.

"Call the doctor," I said, as calmly as possible.

Although the doctor came as quickly as he could, there was nothing he could do, because John was dead.

We were all stunned. What had caused the sudden death!

Doctor MacRae said it could have been pneumonia or

meningitis.

He explained how the germs of pneumonia and meningitis can be so virulent at times, that they are capable of killing a child, or even an older person in less than twenty four hours.

I well remember many of the hospitable and interesting kitchens of those early days. There were the big black stoves with nickel that shone so brightly, and sent the heat all over the room, so that no matter where one sat one was warm. On the stove was the kettle of boiling water that was always ready for my visit, for there was little I could do without boiling water.

On the bare soft wood floors were hand hooked mats and both floor and mats were scrubbed regularly every week. In most homes many years were to pass before linoleum was used to cover the floor.

I had the surprise of my life though, the first time I saw a wife taking light golden loaves of bread from the oven. I had no notion housewives did this kind of baking. One housewife told me she baked bread twice a week.

"I cannot afford to buy bakers bread for my large family", she explained, "besides my husband wouldn't eat store bread, anyway."

All I knew about dough was being sent to the bakehouse for half a quarter of dough. Into this Mother would knead some dripping fat, sugar, and either raisins or carraway seeds. It was really bread but Mother called it a cake.

Then there were the luscious pies, not the deep fruit pies that I remember, and which were such a rare treat, but double crust pies, and not just one came from the oven but two and three. Apart from apples, which were always in season, there were fresh strawberry and blueberry pies, the latter which often left the mouth and lips discoloured.

Children would walk a good many miles during their holidays for blueberries. If they were plentiful the children would go from door to door selling them for fifteen to twenty cents a quart. The money they made would help towards paying for their books when school re-opened in September.

It seemed to me that in Canadian homes the meals

served were larger and more substantial than in England. Often I observed that the children were allowed to help themselves to whatever they thought they wanted, take a few bites and leave the rest. When times were good a number of families thought nothing of buying a barrel of apples. I noticed children were allowed free access to this, and many were the half eaten apples I saw lying in the road. In my home apples were a luxury and always divided. I never remember having more than half of one, sometimes only a quarter.

It was during the years of depression that I noticed the wasteful families were the ones who were looking for relief so much sooner than the thrifty ones. These had carefully put aside a nest egg for a rainy day, and even when that was gone, some still tried to manage on their own.

Often I have recalled a conversation I had with a certain mother who had a growing family. I had asked, "How are you getting along?"

"Fine, just fine, for we have lots of everything," she replied.

Yet on the night of the confinement, when, after the baby was born I went to the cupboard to prepare a cup of tea for her, my usual custom, I was shocked to find the cupboard bare.

It used to be such an interesting time for the mothers to watch their babies being bathed, especially when it was their first child. There was so much they wanted to know.

I can see them yet. As I started preparations, they would pull themselves higher in the bed, and then turn over on their right side in order to get a better view of what I was doing.

Very seldom did I take a baby to the kitchen for I felt that if the bedroom was warm enough for the mother to be bathed it was warm enough for the baby who could be bathed much more quickly.

For this I needed three chairs, plus plenty of newspapers. On one chair I put the baby's bath, face cloth and soap. On the chair to my left, the baby's tray, not a tray really, because often it was a large dinner plate, or a small square cake tin. This tray held a package of sterilized gauze, to be

used as a dressing for the umbilical cord; a piece of soap to act as a pin cushion for safety pins and a threaded needle; two sterilized jars, one containing swabs, and the other boiled water; a bottle of olive oil, and a tin of baby powder. The newspapers were used to protect the chairs and for the soiled clothes. The clean baby clothes were laid out on the mother's bed, and if the weather was cold they were wrapped around a hot water bottle.

As I sat down with the baby I put papers on my lap over which I laid a bath towel or a piece of an old flannelette sheet. Another towel covered the baby while I washed his head before I would put him in the water.

Many a time as I sat down and rested my feet on the rail of the opposite chair I remarked, "Thank God there is a baby to bath."

One Sunday morning a mother was troubled as she watched me sewing on her baby's binder. I had never used safety pins. It was a rule of the V.O.N. not to do so, until a later date when very small safety pins were permissible.

"Don't you know that it is a sin for you to be sewing on Sunday?" she asked. These parents were strict Salvationists.

"If it is wrong for me to put pins in the binder on week days, why should I use them on the Sabbath?" I asked.

I could understand how this mother's conscience bothered her, so I told her of my own strict home training, and that I had been taught it was even wrong and thoughtless to employ Sunday labour. During my training days I had never done so although when off duty fellow nurses had remonstrated when I refused to go with them. "What harm would you be doing by riding on a tram, and enjoying a couple of hours in Kew Gardens?" they asked.

"Because people became ill on Sundays, as on other days, I had to stifle my conscience when it was necessary to engage transportation to reach them, but sewing on your little son's binder does not bother me at all," I said.

After the baby's bath came feeding time. Before putting him to the breast the mother swabbed her

nipples with cooled boiled water. One jar containing swabs and another jar containing boiled water, were on a plate on the mother's table. A paper bag was pinned to the mattress to receive the used swabs. I loved to hear the sound of a baby swallowing natures perfect food. Artificial feeding was seldom ordered for V.O.N. babies in their early days.

It was impossible for me to remember all the husbands of my maternity patients, so, when one stopped me on the street, and blurted out "You will never attend my wife again!" I asked him his name and where he lived before I was ready to listen to his complaint. He objected, he told me, to the black stuff I had put in his baby's eyes. Evidently his wife had not received professional care when the other children were born. Argyrol was the drug used by doctors and Victorian Order Nurses for some years. Parents disliked it because the eyes were temporarily discoloured. It looked to me as though some parents preferred to take the chance of infection rather than have their babies eyes treated at birth. However, this worry ceased when Nitrate of Silver took the place of the "black stuff."

For a number of years I attended patients who were living some distance outside the city limits. South Bar was a pretty country-side area, and in the early years the houses were few and far between. Doctors picked me up on their way to attend the confinement. If I was needed afterwards, a conveyance had to be sent to fetch me and bring me back.

The most unusual visit I made was to a sea captain's wife. The ship was anchored out in Sydney Harbour. I took the tram to the end of the line and walked the short distance to the Coal Pier. From there I was taken by tug to the side of the ship. I have always dreaded heights, and wondered how I was ever going to make this. As I went up the accommodation ladder a seaman came behind, carring the V.O.N. bag. From above, an officer called out "Don't look down." Eventually I reached the deck and a feeling of dizziness was the only discomfort I experienced.

In cases where a baby was ready to be born and the doctor had not arrived I was sometimes asked,

"Did you ever try to hold it back?"

"No, never," I replied.

Instead, I helped it into the world, covered it warmly, and waited for the doctor. The baby would not suffer, in fact it would benefit, for it received extra blood from the mother while waiting for the cord to be cut. I then explained that the rule of the Victorian Order of Nurses was for the doctor to call the nurses. With the majority of the confinements I attended, the doctors either fetched me, or were in the home when I arrived there. But, then again, there were times when the doctor had been delayed, and I arrived at the home ahead of him. No mother wanted her baby to be born without her doctor being present, for, if this happened, she had to do without chloroform.

I recall a case when the presentation was a breech. The doctor was on his way, but with the severe pains the mother was having, the baby had to be delivered. I explained this to the mother and that I needed her co-operation. The next day, while bathing her little daughter, she said, "I have just remembered something."

"What is it?" I asked.

"I never had any chloroform, and I never missed it, for I was much too busy watching you deliver my baby, and wondering if it would be alive."

Chapter Ten

In 1924 the Communtiy House, which was to fill a long felt need in the district was opened. The V.O.N. was granted the use of a small upstairs room for prenatal and mothercraft classes, while downstairs the large dining hall was used for a weekly Well Baby Conference. During July and August these Conferences were held upstairs in the gymnasium.

The prenatal classes were orgainized to try to contact women during their early months of pregnancy. But already the women in my district were calling me in earlier, rather than face my displeasure at the time of their confinement.

The chief objection mothers had to early prenatal home visits were because of their children. They were curious and wanted to know why I was calling. "Tell them" I advised.

I have always thought it wiser for mothers to tell their children, rather than having the information come from another source, such as a prying neighbour , or another child. It is disappointing to a youngster to be told by an outsider, "Your mother is going to have a baby," and not know what to answer. How much better, when they can say, "I know she is, because Mummy told me."

The prenatal classes were well attended, and I enjoyed them because I was teaching. But once I was not very comfortable when I gave a talk in the presence of a V.O.N. Supervisor.

During the last two months of pregnancy home visits were more satisfactory. These visits I tried to arrange during the school hours so as to ease the minds of expectant mothers. It was important that I see the bedroom, as sometimes it was more convenient if the bed be turned around; or for the wife to use another room. All this had been discussed with a young wife who was expecting her first child. On my last prenatal visit I asked to see the bedroom again. I found that they had moved into a smaller room, so that everything could be scrupulously clean in the confinement room. The husband who was keenly interested in the preparation being made for the happy event, asked me if I was satisfied.

"Yes," I replied, "But it is a pity you have redecorated the room with such dark colours; for they

can be depressing. Your wife I am sure, would feel more cheerful if the room were brighter."

A week later, when I opened the bedroom door to prepare for the delivery, I stood in amazement and exclaimed "You painted this big room all over again!"

"Well, I wanted to have everything to your liking. Besides, there is nothing too good for my wife," explained the husband.

"It's wonderful" I said, "Just like a hospital room."

And it was too. The walls were painted a pale green and the wainscot white.

But I felt rather ashamed of myself for giving the husband so much extra trouble and the added expense.

I can picture many of the mothers today as they asked me to look at the preparations they had made. "In this top drawer are all the baby's clothes" said one, as with loving hands she handled the different garments. "There are three shirts, two dozen diapers, and this yard of fine flannel is for the binders. I will let you tear it into the width you need. Here are the dresses and petticoats - four of each and here the baby's towels and face cloths. Everything has been washed. All I have to get now is a hot water bottle for the baby's cot."

"In this middle drawer are my own things; vests, nightgowns, and a bed jacket. These binders are for myself and this piece of unbleached cotton is for you to fasten to the foot of the bed so that I have something to pull on when the pains get real bad," explained the wife as she closed that drawer and opened the bottom one. In here are two large confinement pads and six small ones to be used afterwards for I don't want to make too much washing. Here are sheets and pillow cases, and in this pillow case are three dozen perineal pads, done up in packages of six. That's what you wanted, isn't it? You can tell they have been baked in the oven as they are so scorched. I now have to get a bottle of disinfectant, and a board for the kettle and a bucket. A friend is lending me blocks for the bed. We are short of newspapers but my husband will get some from the Post."

But there were a few women who could not be bothered with the correct preparation.

On one occasion I asked a patient why she didn't have things ready. Her doctor, who had been through the War, answered for her:

"You remind me of an Army officer, because you are never satisfied."

Perhaps he was right, but I was a Victorian Order Nurse, and it was my duty to abide by their rules. I expected those who engaged me to co-operate, for, after all, the rules were made for their benefit as well as mine.

Another time, after the Doctor had examined his patient he remarked, "Yes, everything is fine; you won't be long now." Then to her husband he said, "Go and call Miss Dubbin." "Oh, don't call her," interrupted his patient, "call one of the town nurses for I haven't things ready." But the doctor, insisted "Call Miss Dubbin."

Doctor Calder told me of the incident when we were together on another case.

My, I enjoyed telling about this the next time I was in the office, because one of the nurses had made prenatal visits to this patient.

"You are too easy going", I told my colleagues; it takes "the crank" to get thing done.

The mothercraft classes were organized to teach girls personal hygiene and the proper care of a baby. The first class consisted of girls attending grades seven and eight. Upon the completion of the course with them another class of grade nine girls were formed.

The "Baby" was a life sized washable doll. The girls learned how to prepare a baby's bath, how to bathe the baby, to make its bed, and how to dress it while holding it on the lap. They were also taught how to make up a baby's formula, how to care for the feeding equipment, to make a mustard plaster, and how to fill a hot water bottle. After several years, when the classes were discontinued, the doll was looking very much the worse for wear.

The girls were full of questions. I answered most of them, but not all. I felt it was the mothers' responsibility to enlighten their daughters about some facts. One of them asked me:

"Why do mothers get big and fat when they are going

to have a baby?"

I answered, "that is not a very nice way of speaking, and the idea you have is wrong."

Then I tried to give them a picture of a very tiny baby lying in a muscular organ. It did not remain that way, for it was growing all the time, and the uterus stretching, so much so, that it was capable of holding a baby of seven pounds or more. The girls were very interested, and able to see that it was the baby getting bigger, and not the mother, as they had imagined.

At the end of the course they wrote a composition on what they had learned and gave a public demonstration. Sometimes I composed a playlet to emphasize what the girls had been taught. Diplomas were presented to them by a member of the V.O.N. Committee or one interested in the work of the V.O.N.

I thoroughly enjoyed these classes and when I saw my young pupils looking so attractive in their white caps and aprons, and acting their different parts before a large and interested audience, I felt more than repaid for all the extra time and work these classes had involved.

Years later I nursed some of these girls when they too, became mothers. They often talked about the things they had learned, and what fun it had been attending the Mothercraft classes.

The Well Baby Conference was started about the same time. For some years there were Community House Workers, who assisted at these Conferences. The time spent this way was credited to them as one of their activities.

One afternoon we had a visit from Miss Kimber, a notable English lady who wore neatly darned gloves and gave away liberal sums of money for any deserving cause. For awhile Miss Kimber watched the babies being weighed.

"Those scales are not suitable for weighing babies," she remarked.

Neither were they, but I was pleased to have any kind to get a clinic started. The babies were placed in the scoop, which had a tendency to tip with babies that could sit up.

"Find out the price of proper baby scales, and I

will send you a cheque", said this benevolent lady.

With the new scales we were able to weigh children of all ages. Although the Well Baby Conferences were intended for infants and pre-school children we weighed older children if mothers were concerned about their weight. Usually a town nurse came to assist me.

From the very beginning these conferences were well attended. Indeed it was quite a sight to see the baby carriages and go-carts lined up outside the building. The average attendance was approximately thirty five. But I well remember one hot afternoon in June when ninety children of all ages were weighed and measured.

Before being weighed the children were undressed, except for their panties. I loved to see the well nigh naked bodies of the pre-school children, for I think that is the age they are so beautifully formed.

One afternoon my attention was drawn to a three year old. "Is she limping!" I wondered.

I did not say anything to the mother until after I had measured the little girl. Then I asked her, as I measured the child again.

"Do you notice a difference?"

"I think I do," answered the mother," this leg does seem to be a little shorter than the other."

I measured both legs again to be sure and I then advised the mother to take Jacqueline to her doctor; and as soon as possible.

When I called at the home I learned that arrangements were being made for the little girl to go to the Children's hospital in Halifax.

For a number of years Jacqueline had to wear a cast because of a tubercular hip. By the time she had reached her teens she was a perfectly normal healthy girl.

Little girls brought their dolls to be weighed, and also asked questions. On one occasion when I asked a mother:

"What about the baby's bowels, are they all right?" Her little daughter who was standing close by, clutching her dolly, spoke up, "My baby's are. She goes everyday."

During the depression years refreshments were served to the mothers, and arrowroot biscuits to the children. These were at first provided by the members of the V.O.N. Committee, then the various church groups in the Pier area agreed to furnish them. Mrs. Pitcher, Violet's sister, held herself responsible for serving the mothers, and for clearing up afterwards.

Because I had nursed adults who were unable to gargle I thought this was something that should be taught children. "Make a game of it," I told the mothers and they will soon learn. So when, after a while, mothers told me their preschool children could gargle, clean their teeth, dress themselves, and say their prayers, I proposed they give a public demonstration in conjunction with Mothercraft display. So, without any rehearsing, they went on the stage, and did just what their parents had taught them at home.

When the curtain went up the audience saw a group of children lying on the floor, pretending to be asleep. They were partly undressed and had their night clothes on.

"It's time to get up," I said, "Would you like to say your prayers before you get dressed?"

They nodded, knelt down, put their hands together, and closed their eyes. This was a very sweet act, as some of the children blessed themselves and said "Hail Mary," while some repeated a few sentences of the Lord's Prayer, and a few didn't say anything.

Watching the children as they dressed caused a great deal of laughter. One little fellow had his blouse twisted, and no matter how hard he tried he couldn't get it straightened out. Yet he never stopped trying. His persistance made the people laugh so hard that tears rolled down many a cheek. Finally, a little girl, his cousin, untwisted it for him. Knowing his mother as I did, I would not have been surprised if she had become angry, but I was pleased to see that she was laughing as hard as anybody else.

A wash tub was put on the platform for the gargLers. Some of the children did very well, but instead of spitting out the water they swallowed it.

The happy atmosphere of these Well Baby Conferences changed with the times. Tears and screams took the place of smiles and laughter, and there were no more cups of tea for the mothers. Nurses of the Public Health Department arrived with all their paraphenalia to prepare the children and to assist the doctors in inoculations against whooping cough and diphtheria. Other inoculations came at a later date.

There too, was a great need for a Well Baby Conference down in the Coke Ovens area.

At this time there were several reasons why the mothers from this district would not attend the Well Baby Conferences at the Community House - first it was the distance, and second, due to the different nationalities and colour the majority were loathe to mix with people of another area. So I approached Father MacLean for the use of the Italian Church Hall, to which he readily consented.

As the weeks passed the attendance increased, and there was every indication that these Conferences were really worth while.

The smallest premature baby to live, that I remember, weighed only two and a half pounds. The doctor told the parents (this was their first child) that there was no chance of her survival without an incubator. I did not think that possible even if she were in one, but, to the husband, I said, "Try and get six bricks, keep three well wrapped in the cot and the others in the oven. In this way you will always have heated ones to replace the others. Once the baby gets cold she will die." I made small pneumonia jackets, gave warm olive oil baths without removing the baby from the cot; sweetened boiled water was given with a dropper, then breast milk, which was pumped from the mother's breast. I gave daily care for a month, then a weekly visit for a few more.

Catherine was less than a year old when she was brought to the Well Baby Conference; she then weighed fourteen pounds. The mother, naturally, was quite pleased, but I told her that she must not forget that her husband also had a share in helping to save their little daughter and he too should

receive some of the praise.

During this same decade the Victorian Order nurses were asked if they would be responsible for registering the birth of the babies they attended. Sometimes doctors had omitted to do this. I had noticed parents were not greatly concerned whether their children were registered or not. This surprised me, because in England there was a penalty if parents neglected to register their child's birth within a few weeks of its birth. In fact, the Registar's office was the first place a mother would visit when she was well enough to go out. Years later this neglect had caused many of these parents a headache, as their children required legal proof of age. Why, even since my retirement parents have gone to a lot of trouble to locate me.

One mother was quite "huffy" about my not having registered the birth of one of her children. After some questioning, I was obliged to tell her, that as I did not come to Canada until 1914, I could not very well register a baby that was born two years previous to that date."

I was interested in names, and liked a long Christian one if the Surname was short, and vice versa. But I wondered, many times, at the parents choice, although I do not believe fathers had very much to say in the matter.

When a mother told me she was naming her baby "Sweetie" I said;

"That's not a name."

"But that is what I am going to call her, because she is so sweet."

"Well, that's all right, but don't have her registered in that name, for there are so many pretty ones," and I named a few, but the mother was not interested.

"Poor baby," I said, as I registered her "Sweetie".

When this child was in her teens she changed her name, so I was told, and I don't blame her.

When I asked another mother her child's name she said;

"Dorothy," and added another name which I did not quite hear. I said, "Dorothy, what?"

Again the mother repeated the name, but I could not make out this second one, although it did sound

something like "Daubin."

"You will have to spell it for me."

The mother must have thought me rather dense when I did not know how to spell my own name.

"You are not giving your child my surname?" I asked.

"Yes I am."

When I thought about this afterwards I should have thanked the parents, instead of protesting, because this was a kind thought on their part. But I wondered what the child would think later on, as I registered her "Dorothy Dubbin Powell."

I was always interested in cooking and sewing. At one time I had taken a correspondence course in both subjects from the Woman's Institute in the United States. I did not have time to fulfil all the requirements, but I did learn to make plain clothes. When I moved to an apartment I was able to have a cooking stove, and could then try out simple recipes.

I tried to divert my patients minds from the sick room for a brief spell by telling them, as I worked, of my own interests in life. Then they told me of theirs. "I wish", said some mothers, "I knew more about sewing, for I can't even make a decent button-hole". Others wished they knew more about cooking. Gradually the thought occured to me, perhaps what I had learned I could pass on to the mothers who were anxious to know more about these arts.

The "Mother's Study Club," as the class came to be called, met once a week in the Community House, and before very long older mothers were asking if they might join. This was not possible because my prepared programme was not suitable. However, when interest among the older mothers grew and a sufficient number signified their intention to join if such a group were formed, I decided to have a class for them. There were just two rules - first - no gossiping, and second, there was to be no discussion on the topic of a religious nature because of the various faiths of the mothers. Altogether there were between forty-five and fifty mothers attending. Because these were the depression years, this was about all the social life the mothers enjoyed.

I felt the classes should be organized, but the

mothers objected. "You are our leader, why do we need a president?" they asked. However they agreed to a secretary-treasurer, who called the roll, and kept the minutes. A membership fee of twenty-five cents and a weekly charge of ten cents helped to defray expenses.

Because there was a well equipped kitchen available, many a delectable and economical dish, which was later served in the evening, was prepared.

We studied topics of interest to the members and had many lively discussions such as "Should a widow drop her husband's christian name and use her own?" Another - "Should a husband have to get his own breakfast?" The latter topic was a really lively one. Some of the wives declared their husbands preferred to get that meal themselves.

It was the sing songs that I found amusing. Any song we didn't know we agreed to memorize. Hardly any of us knew the second verse of 'O Canada'. We repeated it together for several evenings and then one evening I said "Close you note books for it is time we should sing the two verses of 'O Canada' from memory." We did fine on the first verse, but, Oh dear, the second! I looked around observing the valiant attempt which most of the mothers were making - some were watching the mouths of those standing on the opposite side of the table, while others were not singing at all, just opening and closing their mouths. This was too much for me I collapsed on to the nearest chair - shaking with laughter.

For our handiwork we made very attractive tea cloths from sugar bags. These were hem-stitched, embroidered, and finished with a crochet edging. A few to whom I taught this latter art became so proficient that they now have in their homes beautiful crochet table cloths, doilies, bedspreads etc.

As economic conditions improved the numbers in each group began to dwindle, and one group was formed from the original two.

During the Second World War these mothers put aside (for a while) their own interests to work for the Red Cross. They knitted socks and sweaters. For boys in the navy, whom we knew, we also

provided the wool for the turtle necked sweaters. From my stepmother I received the name of a social service worker in Folkestone, England. To this worker the mothers sent parcels of baby clothes and food.

Most interesting letters were received in return telling us how the contents of the parcels had been distributed and the pleasure they had given.

It was when we were allowed to have the use of the gymnasium for a thirty minute period that our enjoyment was complete. We had relay races, and I could run with the best of the mothers. I acted as physical director for the marches and various exercises. Some of the mothers did well at swinging the clubs, others enjoyed skipping.

I was somewhat anxious in case the gymnastics might be too strenuous for the mothers. But nothing ever happened.

When a variety concert was being arranged to make money for the building, our group was asked to help out. I remember those mothers as being "real good sports." They dressed up and sang humorous songs, besides performing on the gym floor. At the conclusion of the concert a business man from town came up to me and said:

"Miss Dubbin, the best part of this evening's performance was seeing you in shorts". Those shorts were not the modern "short" shorts of today.

Because of the many nationalities in Ward Five there were a goodly number who spoke very little English. This meant there were some things they could not understand, such as people calling and asking for money for the annual V.O.N. Drive. Accordingly they contributed nothing, apart for the small amount they had paid for V.O. Nurses' services, and collectors refused to call.

I well remember a Mrs. MacKenzie and a Mrs. Halliday, senior residents in the area, who volunteered to go out together and collect what they could. There were many who gave only ten cents, and after several days of door to door soliciting for funds - the amount they handed in was less than a hundred dollars. The following year I was asked by the V.O.N. Committee if I would be responsible for collectors

in this ward and to this I agreed. Thus for a number of years before the annual drive, I did a lot of extra walking and much talking.

"Well, since it's you that's asked me, I'll go, but I wouldn't for anyone else," some would say, as though they were doing me a personal favor.

When the younger generation of these new Canadians grew up, they, with a senior canvasser did their part in making the annual drive a great success in this ward.

There wasn't the same difficulty in Ward Six in procuring collectors for the V.O.N. Drive. The majority of the people were English speaking and indeed, a goodly number were of Scottish descent. On my first visit to the Scottish family three elderly women, two of whom were neighbours, were chatting in the kitchen, and to my surprise, I couldn't understand a word they were saying. They continued to talk in the same tongue until I was ready to go upstairs to my patient. Then one of the women asked:

"Do you speak Gaelic?"

"Why no, I don't ever remember hearing of such a language".

"Were you never in Scotland?"

"Yes, but only for a short visit," I answered. "The people I met may have been able to speak the language, but as I was a visitor they would not do so in my presence." I am afraid those women must have thought me extremely ignorant.

On one occasion before a V.O.N. Drive I was asked to give a fifteen minute radio talk. At that time it was not usual for an inexperienced person to speak over the air, so for me it was a frightening ordeal.

At the radio station I was told, "You must speak slowly and clearly, and do not make any rustling sounds as you turn your pages."

As I came from the radio station I met Doctor Calder who congratulated me, and added, "With a voice like that you should be in Hollywood."

"Thank goodness," I retorted "that there is someone who thinks my loud voice is an asset after all."

Chapter Eleven

For the first fifteen years on the district I was free from sickness of any kind, but I was not to be so fortunate in the future.

One beautiful and very frosty morning I started out full of vigour for my day's work. In addition to my bag I was carrying a letter to be posted in the mail box across the street. Automatically I must have gone about my morning work, although I have no recollection of doing so, and returned to my apartment at noon. Before going upstairs I asked Mrs. MacDougall, who was living downstairs, what was wrong with my head, and if I had finished my work. How could she know! Not liking my colour or the way I was talking she called the doctor. Doctor MacRae said I must have fallen and was suffering from a slight concussion. I had no recollection of the homes I had visited yet I had written out receipts for the money I had collected.

It was a neighbour who told me what happened. She had seen me mail a letter, then as I walked away from the box I fell backwards. She watched me get up, brush the snow off my coat and go on my way. Possibly my thick "wad" of hair saved me from a more serious injury.

After a week of convalescence I was able to return to work.

With so much walking I thought it remarkable how my legs ever kept going.

But it was not until the winter of 1936 that I had trouble with my left knee. I always prided myself on being quite good at diagnosing, but I could not understand why occasionally I had to suddenly stop walking to straighten my leg. When that happened the knee swelled to quite a size. Yet the discomfort seemed too trivial to report, because I noticed that after a night's rest the swelling had disappeared and the leg was normal again.

One evening Doctor MacRae needed my assistance at a minor operation. Unfortunately, there was a long flight of outside steps to be mounted. The doctor coming up behind me noticed my difficulty in walking. The next day he examined my knee, but could find nothing abnormal, (that was because I was resting) neither did I have a temperature.

Finally one, Dr. Dan MacLeod diagnosed the trouble as a loosened cartilage. He then told me of his own experience. The doctor had been fishing, and, as he waded a stream, he had to stop to straighten his leg; and that he could not move because of the intense pain. It was the absence of this latter symptom that had fooled the doctors in making a diagnosis.

When I told him I had never heard of this before he said:

"That is because it seldom happens to women, but is quite common among athletes and soldiers who have been on long marches."

When Doctor MacRae again visited me, he remarked, "Why didn't I think of this; for you must have walked around the world twice since you came here."

For a week following the operation, because of intense pain, it was necessary for me to have a special nurse. Recovery was slow due to abnormal swelling, which doctors found it difficult to understand. Finally, after being off duty five months I was able to return to work.

I was on duty just three weeks when blood poisoning in my right arm caused me to be off again. Luckily for me Miss Merner who had nursed me in my previous illness was available. During the day and most of the night, my arm was kept in a hot bath; when taken out hot water bottles were used. This treatment continued for a week.

"What could have caused this infection?" I kept wondering. Then I remembered how the previous morning I had pricked my thumb with a baby's safety pin and had encouraged bleeding by squeezing my thumb and then holding it in hot water. Knowing from past experiences how quickly my fingers became infected, I never neglected the slightest scratch.

Several years were to elapse without my losing any more time.

Always in readiness for my work would be a kettle of boiling water. This I carried into the patients room, to a place which had been made ready for it.

But this particular morning I did not get that far for as I entered the bedroom I slipped on something - a marble - and down I went, the boiling

water going over my right arm. Quickly I soaked clean rags in a bicarbonate of soda solution and wrapped them around my arm and proceeded with my work.

It would not do to print what Doctor MacRae said as he removed the dressing and saw my badly scalded arm.

Miss Duchek, whose home was in this district, was helping with the V.O.N. work for a few months. Using my car Helen was able to do the Pier cases, and give my arm the necessary treatments. I was much surprised that the hot boracic acid fomentations could be so soothing. Later, white vaseline was used for a healing salve. It was at this period I found the irritation almost unbearable. Yet, I had expected a little girl, who was tormented in the same way, to refrain from scratching herself.

Looking back upon these afflictions, I realize that until I was exposed to them I was not able to appreciate fully the sufferings of others until I had to endure suffering myself.

My oncoming deafness must have been very gradual, for I have no recollection when it actually started. Not once did a patient ask if I was hard of hearing. Nor did I notice that my hearing was impaired as I taught a Sunday school class of senior girls for over twenty years.

I did feel cross, though, when I could not hear everything at a V.O.N. Conference, or social gatherings, and church services.

"Why don't people speak out if they wish to be heard?" I remember asking.

Before leaving on my second trip to England I was advised to seek medical help when over there. While I was in London taking a course in Social Service work I was given the name of a Harley Street specialist.

"An operation on your nose might prevent the condition from becoming worse but would not improve the present state. The operation is a very painful one. You would have to stay in a nursing home for at least two weeks and not come in contact with any dust for some time if the operation is to be successful," explained the specialist. There are a few hearing aids on the market, but for the

present I do not advise one.

After thinking this matter over carefully I knew it was impossible for me to have the cash for the specialist's fees - or to be a patient in a private nursing home. What I could have done, if I had had the time was to find out the hospital this specialist visited and gone there as an out patient; then I would have been admitted to the hospital as a free patient and given the same skilled treatment as if I had been a private patient.

During the fall of 1942 I was delighted to be the recipient of the very latest model in a hearing aid. This gift came to me through the generosity of the Members of the National Board in Ottawa and was in recognition of my long service.

My, it was marvellous. I had no idea I had been missing so many of the world's beautiful sounds. Now I could hear the chirping of the birds, the snoring of my friend's English Bull Dog, the ringing of church bells, and little childrens' voices so much more distinctly; and it was indeed a treat to enter into a discussion in connection with the work of the V.O.N.

I thought of Dr. Barnardo and Miss Moriarty, and wished they too could have lived to know the joy of such an aid.

1972

Chapter Twelve

There was much excitement throughout the city when buses replaced the tramcars. What service the people were going to have now! For these were scheduled to run every ten to fifteen minutes, while the trams had been running only every twenty. Besides that, the buses had a much larger route, therefore I was quite delighted. But it was not long before I was wishing for the old "reliables" back again.

When I had calls to make along the tram route I could time myself to a nicety, and have my work finished, and be at the tram stop just as one was coming along. But not so with the buses. I waited and waited, which I found more tiring than walking. But why walk when a bus was so much quicker! Then I was mad with myself for wasting so much time. Yet still I waited, for surely a bus should be along any minute now. It was in pure desperation that I decided I must walk. But no sooner had I left the bus stop than one of those darned buses went whizzing by.

One of the Men's Service Clubs in the city had donated a car for the work of the V.O.N. which was to include the Pier district. This meant much saving of time for the town nurses who were now helping out with the work in Ward Five. This came about when one night between the hours of six p.m. and eight o'clock the next morning I had attended three new confinements. And there were already six new mothers and babies to be visited during the day - plus the three new ones for an afternoon visit. It was then Miss Buchanan, who was now Charge Nurse called the President and told him it was imperative that another nurse be taken on to help out with the Pier work. The President consented to one being appointed temporarily until the next V.O.N. meeting. Then Miss Gillis was a permanent appointment with the understanding she assist with the work at the Pier - thus bringing the staff up to five - an increase of two since 1914. From now on I could depend on having definite hours off duty. Previously, I always left word where I could be found.

But I was not very pleased to see Miss Gillis

driving around the district, and I the one to still be doing the walking. Perhaps I was envious, for it was the only time I ever remembered being dissatisfied with my lot. So I began to think of ways and means to have a car of my own. The solution was to borrow on a policy. Not a very wise thing to do because borrowed money is often difficult to pay back.

I invested two hundred dollars in a 1929 Ford coupe. This seven year old car was a shabby enough looking vehicle, but so long as it saved my legs, and speeded up my work I was satisfied.

The investment was a good one, for I had very little car trouble, and I could depend upon my friend Mr. Pitcher, to keep it in good running order. There was, of course the inconvenience caused by flat tires. Some weeks there seemed to be a run of them, but wherever they occured I made for the nearest Service Station. "Driving on a flat tire is a sure way to ruin your tubes", I was told.

The children could certainly embarrass me. For, if by chance I should be crawling along the main road when they were, either going to school, or returning home, I was bound to hear all along the street, "Hi, Miss Dubbin, you have a flat!" Just as though I didn't know.

The V.O.N. Board allowed me seven dollars a month for car expenses - all they could afford at the time.

In the severe winter weather I preferred to leave the car in the garage. I thought that less bother. Then sure enough that was the time I would meet Archdeacon Arnold of St. Albans church. He usually stopped to ask:

"Where is your car today? for this is just the day you should be driving."

"Not Fordie," I answered. "She is too old for this kind of weather, and I want to preserve her as long as possible."

Before another winter rolled around Mr. John N. MacLeod, manager of the Whitney Pier Bus Company, called to see me. He explained, "If you take your car over to - naming a certain Service Station in town, you will be given in exchange, a very nice

used car of a much later model.

I did not get much satisfaction from Mr. MacLeod when I asked him who was responsible for this kindness, but at a later date I learned that Archdeacon Arnold had approached a number of the business men in the city who were also interested in service work.

I did not feel very happy about giving up Fordie, because that was like losing a friend.

The used car was very smart looking in comparison to mine. But right from the beginning I had difficulty with getting it started. The trouble, I was told, was with the ignition, and I had so many delays that I called up the Service Station and said I wanted my old car back again. "That's impossible" the attendant said, "for she is already sold."

On the advice of the Archdeacon I traded this one in for a new 1938 Ford coupe. "You will be allowed, at least, five hundred dollars on the other car," he told me.

But where on earth was I going to find four hundred dollars - plus interest on the loan from the Finance Trust Company, and finish paying back what I had already borrowed on my Insurance policy.

I hated being in debt, and this was the first time I had gone into one for my own pleasure. "Ah well, it won't hurt me to cut down on non-essentials, and I can spend my next vacation in my two room apartment instead of going away," I reasoned with myself.

"Have you time to come to the rectory for a few minutes," telephoned the Archdeacon, "I have something for you". I was now living only a couple of blocks from St. Albans Church and the rectory.

"Whatever is this?" I asked as the Archdeacon handed me an envelope.

"Come into the study and open it and see," he said, as we sat down at a table.

My eyes grew as big as saucers as I saw all the silver and dollar bills falling from that envelope. We counted more than three hundred dollars.

"Where did it come from?" I asked bewildered.

"Apparently the mothers and others you have nursed wished to show their appreciation. So a few canvassed and asked for subscriptions. This is what

they collected."

"And in this awful zero weather! How can I ever thank them." I asked, my voice quivering with emotion.

That night a special prayer was offered up for those who had given so generously of their time and money.

Many of the beds on the district were so low that I found the constant bending very tiring. So it was indeed a great improvement when the new V.O.N. manual suggested blocks be used to raise the beds approximately thirty inches from the floor. This height was ideal for confinement cases, as well as for the chronics, especially when giving massage to paralytic patients. Mothers also learned to appreciate the beds being on blocks, for now that the small children were unable to climb that high, they were having a much more restful lying-in period. The mothers noticed too they were much warmer than when the beds were low.

Making the blocks was a job for the husbands. Sometimes I had to arrange to call when I knew they would be home, so as to explain what I needed. A few did not favour the idea, but as a rule, they were willing to co-operate.

Once when I was preparing for his wife's confinement - I remember scolding the husband because there were no blocks.

"At least you might have borrowed a set from one of your neighbours. There must be a few sets not in use."

"O.K., O.K., How about beer bottles?"

"Beer bottles." Where on earth are you going to find beer bottles at this hour of the night, and what good will they be?"

"Well, I'll tell you something. A pal of mine living in town told me a V.O.N. nurse used them for his wife's bed. Now I have a few bottles out in the back porch, because I like a glass of beer once in awhile, so how about giving them a try."

"Very well," I said, "Let's have them, but I doubt very much if you are telling me the truth."

Together we raised the bed, pulled out the castors, and slipped the neck of a bottle up each leg. When

the four were in place I gave the bed a good shake. It was as solid as could be.

These bottles answered the problem perfectly, but made some men lazy. One man said to me:

"Why go to so much darn trouble shaping blocks when it takes only a few seconds to pull out the castors and stick up a bottle?"

I checked with the Charge Nurse about what the husband had told me. She laughed, and said, "Yes, in a pinch we have used them."

Slowly but surely improvements were being made in this vicinity. Outside lavatories disappeared from the school grounds, while curb and gutter appeared along the main street, then the side streets. It was almost too good to be true when concrete walks took the place of gravel ones, and streets were illuminated better.

I was also happy to notice the low rocking cradles were fast disappearing from many of the kitchens. I disliked them because I was forever stumbling over the rockers, and I blamed them for being responsible for so much sickness during the infants first year. Therefore, I told the mothers, "If you can protect your baby from illness during its first year I am confident you will have a much healthier child. Repeated attacks of bronchial pneumonia or bronchitis could be responsible for your child, later on, becoming a victim to asthma.

So I was delighted when a mother said to me as I bathed her new baby. "That fellow is not being rocked. He is staying right upstairs in a crib until he is able to climb out of it."

"And what will you do with the cradle?" I asked.

"Oh, I don't know yet," she answered, "but for the time being it can go outside to the wood shed. It will probably be chopped up for kindling." I think many others must have shared the same fate.

But I was not so pleased when I saw the distress of some of my young prenatal patients. "Why can't I stay home to have my baby?" I was asked. "My mother had all her babies at home."

The new doctors in the city insisted that women who were expecting their first baby must plan to go to the hospital. Even some of the older doctors

who had delivered hundreds of mothers in their own homes were making this rule.

I tried to explain to my patients that this was the modern way although I was not very happy about it. For this new way was really frightening to some of these women. I am sure they would have been less worried if they had been given the opportunity to meet the nurses who were going to attend to them. I think it is also good for nurses to know something about their maternity patients beforehand. For I found that pain can change a person's disposition so completely that she is not like the same person at all, especially if she has always enjoyed good health.

The postnatal visits to mothers and babies who had returned from hospital were also disappointing. The mothers were not breast feeding their babies - instead they brought home a formula for bottle feeding. These babies would not have the same protection from disease, and this later on could cause regret.

I was very nervous about giving any new drug, especially to children, and enquired of the doctor if there was likely to be any reaction. I saw none from Penicillin but I did see marvellous results, the most amazing was, how it shortened the number of days for pneumonia patients. Nurses today would hardly understand what waiting for the "crisis" of a pneumonia patient meant.

The following incident has to do with an Italian patient who had a bad septic arm. It was not until the doctor was called in to examine the patient that a diabetic condition was discovered. A daughter who lived across the street usually came over while I was doing the dressing to see if there was anything I needed because her parents spoke very little English. On this particular morning when I reached them home, the wife was in the kitchen. While I was sterilizing the syringe and instruments she went upstairs. Hearing a scream I hurried up to the bedroom, and over to the open window where the patient's better half was leaning outside trying to attract attention. What I expected to see was the daughter lying injured in the street. But, when the

wife saw me, she turned around and pointing to the bed, cried, "Look Missie."

I gave one glance and fled downstairs to the nearest store where there was a telephone. Fortunately the doctor was in and told me what to do. I grabbed an orange and ran back to the house, and with trembling hands prepared sweetened orange juice while frightened relatives and neighbours filled the bedroom. Having forced the juice between the lips of the apparently lifeless man; all present were astonished to see him gradually awakening from a diabetic coma.

Another strange experience I had was due more than likely to the delaying action of a drug. This maternity case was normal and delivery easy, and for several months previous the mother had been under the care of her doctor, yet her baby was born without any signs of life. All the well known methods for a white asphyxiated baby were tried. A drug was given hypodermically, but still there was no response.

As the doctor left the bedroom and I witnessed the mother's tears I scooped up a handful of cold water from the pitcher and with all the force I could muster, dashed the water on the baby's chest. To my amazement it gave a gasp. Why did I do that if I was so amazed at the result? "Save your tears" I said to the mother as I dashed to the top of the stairs to call the doctor, who had not yet left the house but was talking with the family in the kitchen. Coming up the stairs two at a time he was astounded when I told him what had happened. The baby was given another hypodermic injection followed by another moderately warm bath, while the folks downstairs were busy filling hot water bottles for the baby's cot. Today that baby is a perfectly healthy young man in his early twenties.

Chapter Thirteen

Easter Sunday, 1944, patients and friends were shocked to hear of the sudden passing of Doctor MacRae. This was the way he wished to go. He had been a very lonely man since the early death of his wife; then later on, the sudden death of his two medical friends and consultants, Doctor MacLeod and Doctor Roy.

For thirty years Doctor MacRae and I had worked together, and with the hundreds of deliveries we attended, we were fortunate in not losing a single mother. Doctor MacRae seldom praised anyone, but early one morning, exhausted, but triumphant, we were leaving the sick room when he surprised me by saying; "Dubbin, you should have been a doctor."

To tell of our night experiences in those early years would fill many pages. We travelled from one home to another in snow storms, struggled through snow banks, slid over slippery streets, and were soaked from top to toe because of windy rain storms. I recall walking behind him and holding on to his coat tail as we splashed through the deep rushing water on Wesley Street. Becuase of the treacherous ice beneath, I was positive that if I slipped I would drown.

In the new City of Sydney Hospital there is a private room, furnished by grateful patients and friends, to the memory of this skilled and charitable doctor.

Sixty years had previously been the retiring age for Victorian Order nurses, but due to the shortage of nurses caused by World War 11 this routine was not carried out, so I stayed on for another two years.

Miss Lenta Hall, the Regional Supervisor for the Maritimes, was a wonderful person for she was always interested in the well-being of others and was quick to praise when there was an opportunity to do so. The patients always enjoyed her visits and often spoke of her long afterwards.

Now in the spring of 1946 when on her usual inspection visit, Miss Hall talked of my retiring in the late fall and was greatly concerned about my financial position on retirement. When I told her the amount she thoughtfully remarked, "That is not very much. However, before the end of the year there may

be a pension fund in force. In the future, nurses will contribute towards it, yet because of your many years with the Order you may get an annuity." My, I was quite elated.

"But it will be very small" warned Miss Hall.

I had taken out a pension policy years before so that I would have enough to live on when I retired. This I had to drop when my father and stepmother needed financial assistance, which I continued to give until sometime during the Second World War, when it was not permissable to send that amount of money to the Old Country. Strange as it may seem, about that time my stepmother won a large sum of money in a contest and was able to get along quite all right without any further assistance. But I had missed so many payments that it was impossible for me to pay them back. My pension now would be less than half of the sum I had reckoned on at the time I had taken it out.

When Miss Hall returned in the fall she was pleased to learn that I was to receive an annuity, and although it was small it was more than she had expected me to receive. "And" she added, "As you are going out West to live with your brother I am sure you will be able to manage quite nicely."

It was with a feeling of intense sadness that I drove Miss Hall around the district, for it was the last time I would do so. This also made me realize that very, very soon I would be saying "farewell" to all that I loved and cherished.

Miss Hall spoke of my ability as a teacher and the co-operation I must have received from the people. Something else she mentioned. "The people have always spoken of you and treated you with such respect." She gave me the impression perhaps this was unusual after so many years.

Apart from being called "a crank" by a few who disregarded the rules of the Victorian Order of Nurses, I know I was never given a nickname.

I was not the kind of nurse children would run to meet and want to take my hand, yet, I seldom experienced any difficulty when it was necessary to give them treatment. But, I don't deny there were times when children were a "wee bit scared of the nurse."

I was very much surprised and amused when a mother once said:

"Do you know you are better than a policeman going around the district, because the children don't mind them, but they do you."

I recall how very disappointed and upset I was when I was sent East - "Nothing exciting about a busy Eastern district," I had said. Perhaps not, but how much I would have missed in life if I had gone to a Western district instead of an Eastern one! During the early years I had worked alone and I had regarded the Pier patients as "My patients" and the babies as "My babies," which sometimes made me wonder if I was a "jealous nurse", - and my wonderful "Eastern" friends. How empty my life would have been without them!

I know that God has not always answered my prayers in the way I wanted them to be answered; because my requests were not in accordance to His plans. But I do know that God shaped my life in such a manner that it has been a very full and happy one.

Nursing would not have the same interest for me today, because I loved bedside nursing in the home. Now when patients are up so early I have passed the remark, "I was born forty years too soon," but I really don't think so, and am glad I was born when I was.

I enjoyed all my nursing career, but most satisfying of all, were the Thirty-Two years that I spent as a Victorian Order Nurse.

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